KELSEY TRAIL
HEALTH REGION

Annual Report to the Minister of Health

For the 2007-08 Fiscal Year Ended March 31, 2008

Healthy People in Healthy Communities

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The Kelsey Trail Health Region annual report for the fiscal year ending March 31, 2008 is available on the internet at http://www.kelseytrailhealth.ca.

Letter of Transmittal

June 16, 2008

Honourable Don McMorris
Minister of Health

Dear Minister McMorris:

The Kelsey Trail Regional Health Authority is pleased to provide you and the residents of the health region with the 2007-2008 annual report of the Kelsey Trail Health Region. This report provides the audited financial statements and outlines the activities and accomplishments of the region for the year ended March 31, 2008.

The Kelsey Trail Regional Health Authority experienced many successes during the fiscal year, which are greatly attributed to the dedication and commitment of the employees of the Kelsey Trail Health Region.

Respectfully submitted,

Carol Hayward

Carol Hayward
Chairperson
Kelsey Trail Regional Health Authority

VISION

Healthy people in healthy communities

MISSION

Working together to improve the health of people

VALUES

Integrity

Compassion & Collaboration

Accountability

Respect

Excellence

Who We Are

The Vision, Mission and Values of the Kelsey Trail Regional Health Authority (KTRHA) have been developed on the basis of addressing the needs of the population of the entire region. The region's Vision, Mission and Values statement is a reflection of the objectives of the provincial Ministry of Health.

During the 2007-08 fiscal year, the RHA formally approved its 2007-2011 Strategic Directions. Within the document, the RHA has established seven key strategic directions and goals to work toward over the next four years. The RHA's values were refreshed to complement and support the organizations Strategic Directions and to engage staff in connecting the organization's values with their own.

The Strategic Directions exhibit the region's commitment to its Vision, Mission and Values. The goals established by the RHA are also in harmony with the vision and goals of the provincial Ministry of Health.

The seven strategic directions established by the Kelsey Trail Regional Health Authority for 2007 to 2011 include:

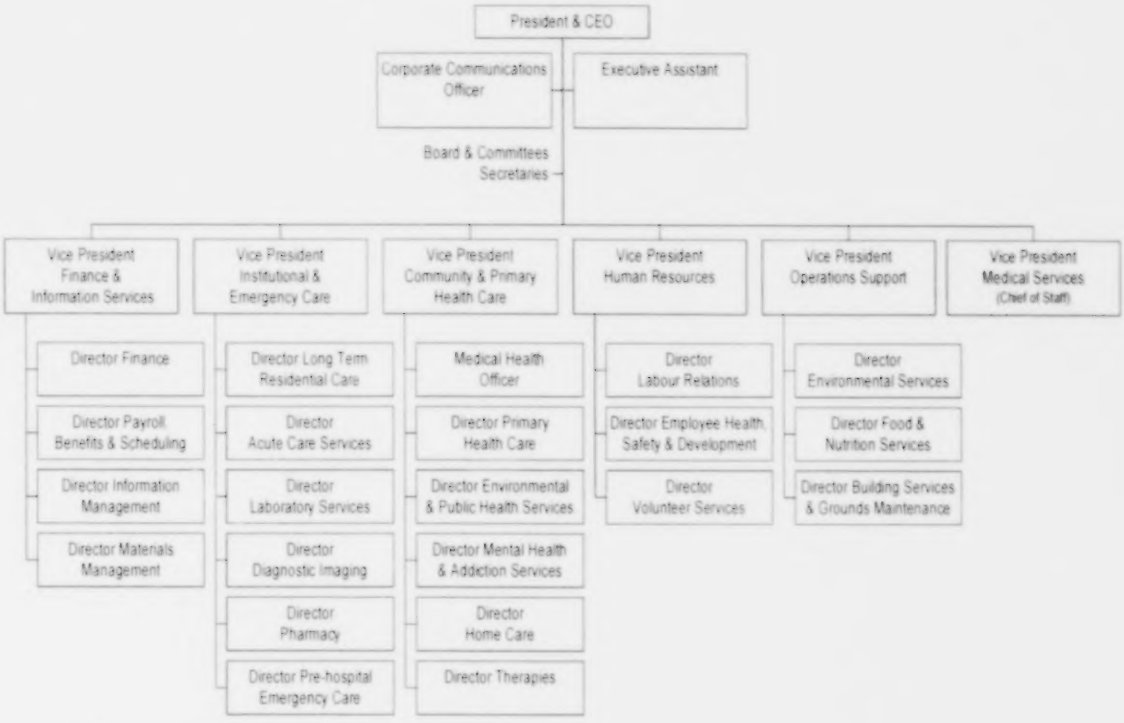
1. Fostering a culture of quality improvement and client-centred service;
2. Achieving a sustainable and integrated health care system;
3. Increasing public confidence, involvement and communication;
4. Transforming the care and service experience through a focus on patient/client safety;
5. Partnering for improved health for the region's Aboriginal people;
6. Enhancing population health and impact improved health status; and
7. Exhibiting a positive, innovative work environment.

Administrative Structure

The Chief Executive Officer (CEO) is responsible to the RHA for the general operations and daily administrative organization of the region. The CEO has an Executive Management team that works collaboratively with a Senior Management team to ensure effective planning, integration and delivery of facility-based and community-based programs and services throughout the region.

The Executive Management team includes: Vice-President Institutional & Emergency Care, Vice-President Human Resources, Vice-President Finance & Information Services, Vice-President Operations Support, Vice-President Community & Primary Health Care and Vice-President Medical Services/Chief of Staff.

Kelsey Trail Health Region
Executive


President & CEO
Corporate Communications Officer
Executive Assistant
Board & Committees Secretaries
Vice President Finance & Information Services
Vice President Institutional & Emergency Care
Vice President Community & Primary Health Care
Vice President Human Resources
Vice President Operations Support
Vice President Medical Services (Chief of Staff)
Director Finance
Director Payroll Benefits & Scheduling
Director Information Management
Director Materials Management
Director Long Term Residential Care
Director Acute Care Services
Director Laboratory Services
Director Diagnostic Imaging
Director Pharmacy
Director Pre-hospital Emergency Care
Medical Health Officer
Director Primary Health Care
Director Environmental & Public Health Services
Director Mental Health & Addiction Services
Director Home Care
Director Therapies
Director Labour Relations
Director Employee Health, Safety & Development
Director Volunteer Services
Director Environmental Services
Director Food & Nutrition Services
Director Building Services & Grounds Maintenance

Programs and Services

The RHA is responsible for providing primary and secondary health care services to the population of the region in a safe, quality, timely, effective and efficient manner. Services are available and accessible to residents as reasonably close to home as possible. Given the relatively sparse population of the region and the large geographic area it encompasses, the RHA faces challenges in achieving this goal. Services not available within the region are accessible and available to residents through visiting specialist services and referrals.

Health services are provided to the residents of 58 rural and urban municipalities throughout northeastern Saskatchewan. Within the boundaries of the region, health care services are also delivered to five First Nation communities and the Northern Village of Cumberland House. In some cases, services to First Nation communities are delivered by KTHR in partnership with other agencies.

Approximately 35 physicians and 1580 staff provide a broad range of community and facility-based services and programs to residents. Physician resources include the services of a Chief of Staff/ Vice-President of Medical Services, a radiologist, pathologist and general surgeons, several GP Anesthetists and GP Obstetricians. The region grants visiting privileges to more than 20 physician specialists who schedule appointments at the three district hospitals, ensuring a

wide range of accessible itinerant services for residents. These services include nephrology, physical medicine and rehabilitation, psychiatry, allergy, podiatry, rheumatology, pediatrics, obstetrics and gynecology, ear/nose/throat, orthopedics, ophthalmology, respiratory medicine, urology, orthopedics and plastic surgery. In addition, associate privileges are granted to three dental and six chiropractic physician specialists from within the region.

Kelsey Trail has three district and three community hospitals, as defined by the provincial Ministry of Health. There are a total of 114 acute care beds in the region. Residents also have access to health care services through five health centres.

DISTRICT HOSPITALS	
Melfort Hospital	• 31 beds • 24 hour emergency outpatient care • Inpatient acute care • General surgery • Endoscopy • Palliative care • Constant care/monitoring beds • Exercise Tolerance Testing • Lab and x-ray • Chemotherapy • Low-risk labour and delivery • Cesarean sections • Telehealth • Mental Health & Addictions • Diabetes & Heart Health Centre • Visiting specialists
Nipawin Hospital	• 31 beds • 24 hour emergency outpatient care • Inpatient acute care • Palliative care • Constant care/monitoring beds • General Surgery • Endoscopy • Lab and x-ray • Chemotherapy • Low-risk labour and delivery • Telehealth • Phototherapy • Primary health care site (Nipawin Health Centre) • Mental Health & Addictions • Diabetes & Heart Health Centre • Chronic Disease Management • Therapy services • Home Care • Visiting specialists
Tisdale Hospital	• 20 beds • 24 hour emergency outpatient care • Inpatient acute care • Palliative care

Tisdale Hospital	• Constant care/monitoring beds • Lab and x-ray • Chemotherapy • Low-risk labour & delivery • Telehealth • Hemodialysis satellite unit • Primary Health Care site (Tisdale Medical Clinic) • Exercise tolerance testing • Endoscopy • Mental Health & Addictions • Diabetes & Heart Health Centre • Home Care • Visiting specialists

COMMUNITY HOSPITALS	
Kelvington Hospital	• 12 beds • 24 hour emergency outpatient care • Inpatient acute care • Palliative care • Lab and x-ray • Public Health Nursing • Home Care • Visiting Occupational Therapist, Dietitian, Diabetes and Heart Health, Mental Health and Addictions • Community Wellness Coordinator (school-based)
Porcupine Carragana Hospital	• 12 beds • 24 hour emergency outpatient care • Inpatient acute care • Palliative care • Lab and x-ray • Ambulance • Primary Health Care site • Home Care • Visiting Occupational Therapist, Dietitian, Diabetes & Heart Health, Mental Health & Addictions

Community Hospitals with Long-Term Care	
Hudson Bay Health Care Facility	• Community Hospital – 10 beds • Long Term Care – 22 beds • 24 our emergency outpatient care • Inpatient acute care • Palliative care • Lab and x-ray • Ambulance • Home Care • Adult day care services • Telehealth • Primary Health Care site • Mental Health

Hudson Bay Health Care Facility	• Public Health Nursing • Visiting Physiotherapist, Occupational Therapist, Dietitian, Diabetes & Heart Health, Addiction Services • Community Wellness Coordinator (school-based)

Kelsey Trail Health Region has ten long-term care facilities located in nine communities, with a total of 462 long-term care and 20 respite beds.

Long Term Care	
Chateau Providence **St. Brieux**	• 30 long term care beds • Adult day care services • Visiting public health services
Kelvindell Lodge **Kelvington**	• 44 long term care beds • Adult day care
Parkland Place **Melfort**	• 105 long term care beds • Dementia Care Unit • Therapy services
Pineview Lodge **Nipawin**	• 96 long term care beds • Dementia Care Unit • Adult day care services
Red Deer Nursing Home **Porcupine Plain**	• 38 long term care beds • Adult day care services
Newmarket Manor **Tisdale**	• 40 long term care beds • Adult day care services • Developing dementia wing
Sasko Park Lodge **Tisdale**	• 33 long term care beds

Health Centres with Long Term Care	
Arborfield & District Health Centre	• Long term care – 36 beds • Health Centre – scheduled clinic hours, lab and x-ray • Primary Health Care site • Adult day care services • Home Care • Visiting Occupational Therapist, Diabetes & Heart Health, Public Health Nursing
Carrot River Health Centre	• Long term care – 36 beds • Health Centre – scheduled clinic hours, lab and x-ray • Primary Health Care site • Home Care • Visiting Occupational Therapist, Diabetes & Heart Health, Public Health Nursing

Health Centres	
Cumberland House Health Centre	• 24/7 emergency health centre • Nurse practitioner • Lab collection • Children's dental health • Telehealth • Visiting Diabetes & Heart Health, Mental Health, Physicians from Nipawin
Rose Valley Health Centre	• Health Centre - scheduled clinic hours • Lab and x-ray • Home Care • Visiting Occupational Therapist, Public Health Nurse, Dietitian, Diabetes & Heart Health
Smeaton & District Health Centre	• Health Centre - scheduled clinic hours • Lab and x-ray • Visiting Occupational Therapist, Public Health Nurse, Physician and Nurse Practitioner • Home Care

Pre-hospital emergency care is available throughout the region through a combination of RHA-owned and contracted emergency medical services.

Pre-Hospital Emergency Care	
RHA-owned Ambulances	• Hudson Bay, Porcupine Plain
Contracted Ambulance Providers	• Kelvington , Porcupine Plain, Nipawin, Tisdale • Watson & Wadena (Saskatoon Health Region)

Trained volunteer First Responders provide emergency services to 25 communities and areas in the region. Ancillary First Responder groups responding with other community departments are located in Tisdale, Nipawin and Hudson Bay (with fire) and Porcupine Plain (with Search & Rescue). The region has provided training to volunteers in 23 communities, groups, organizations and corporations who have invested in a total of 33 Public Access Defibrillators (PADs).

Home Care services are provided throughout the region from locations in eight communities. Melfort Home Care is co-located in Nirvana, the only RHA-owned assisted living facility in the region.

Public Health offices are located in Cumberland House, Hudson Bay, Kelvington, Melfort, Nipawin and Tisdale and services are delivered throughout the region. Public Health includes Environmental Health Services, Public Health Nursing, the Medical Health Officer, the Communicable Disease Coordinator, Nutritionists, Parent Mentoring, Speech/Language Pathology, Early Childhood Psychology and Dental Health. Public health inspection, tobacco enforcement and water monitoring services are provided by Environmental Health Services.

Health care professionals in Community and Primary Health travel throughout the region to deliver services. Community and Primary Health Care includes the services of Dietitians and Nurse Educators, Chronic Disease management, Telehealth and Therapies. Community Wellness Coordinators located in the communities of Tisdale, Hudson Bay and Kelvington also provide services in the communities of Rose Valley, Porcupine Plain, Archerwill, Zenon Park, Arborfield

and Star City. Nurse practitioners provide services at Primary Health Care sites in Arborfield, Carrot River, Hudson Bay, Naicam, Nipawin, Porcupine Plain and Tisdale, serving the residents in those communities and surrounding areas.

Mental Health and Addiction Services are provided throughout the region through a combination of community-based locations and visiting services. Through a contractual relationship with Prince Albert Parkland Health Region, inpatient services and 24-hour emergency mental health referrals and consultation are available to the region. The services of a Medical Social Worker are also available throughout the region.

The region has an established Saskatchewan Telehealth program that currently includes sites in Melfort, Nipawin, Tisdale, Hudson Bay and Cumberland House. Telehealth provides a link for rural and urban health care professionals to schedule specialist appointments, consults and follow-ups for patients and clients. It can also be used for education sessions for health care professionals and members of the public.

Volunteer services for the region are coordinated through the Human Resources department. Volunteer opportunities include the Parent Mentoring program, pastoral care, First Responders, youth programs, gift shops, Meals on Wheels, auxiliaries, drivers and activity volunteers.

Kelsey Trail Health Region – By The Numbers 2007-08

Acute Facilities

- Emergent Emergency/OPD Visits 1,052
- Urgent Emergency/OPD Visits 8,471
- Day Surgery Visits 1,039
- Chemotherapy – Client Visits 303
- Renal Dialysis Treatments 2,427
- Renal Dialysis Clients 208
- Number of Newborns 283

Long Term Care

- Total Respite Days 4,653
- Total Day Care Days 2,291

Home Care

- Face-to-face Home Health Visits 19,544
- Face-to-face Home Support Visits 173,221
- Number of Meals on Wheels Units 28,147
- Number of Client Visits to Wellness Clinics 1,913

Community Services

- Number of Telehealth Clinics 100
- Number of Telehealth Education Sessions 332

Rehab-Therapies

- Inpatient Visits 3,459
- Outpatient/Community Visits 19,904

Mental Health

- Mental Health Referrals 507
- Mental Health Visits 4,764

Addiction Services

- Client Referrals 5,025
- Client Visits (hours) 4,717

Medical Social Worker

- Number of Contacts 7,159

Diabetes & Heart Health Team

- Diabetes Client Contacts 2,935
- Cardiac Client Contacts 420

Public Health

- Influenza Immunizations (Public) 971
- % of 2 year olds with Complete Immunizations 79.18%
- Number of Sexually Transmitted Infections 96
- Number of Facilities Inspected by Public Health 1,040
- Number of Public Health Field Visits/Consultations 3,477
- Number of Podiatry Visits 2,786

Population Health Promotion/Primary Health Care

- Number of Fluoride Varnish Treatments 726
- Early Childhood Client Load (#) 1,896

Emergency Medical Services

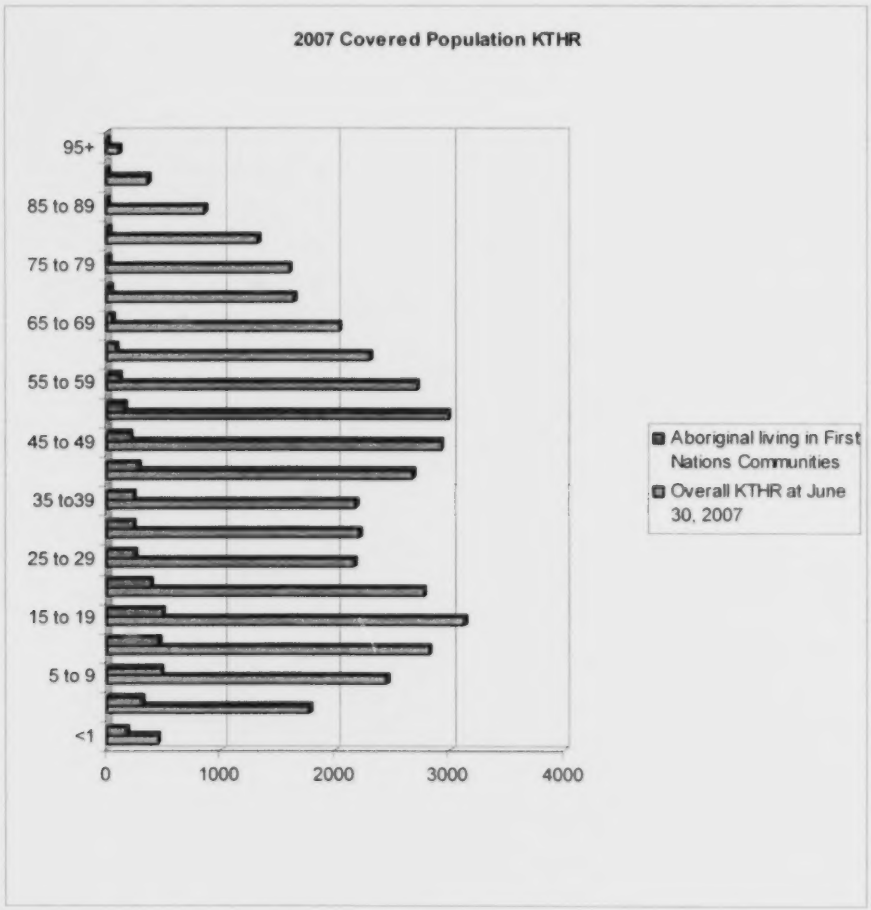
- Total Emergency Medical Services Calls 3,984

Our Region

Demographics and Other Factors

The Kelsey Trail Health Region encompasses a vast geographic area in northeastern Saskatchewan covering approximately 47,500 square kilometers. The population is relatively sparse at almost .87 persons per square kilometer as compared to the provincial average of approximately 1.56 persons per square kilometer. According to the *Government of Saskatchewan – Covered Population 2007* report, the region's 2007 covered population is 41,487, a slight decline from the 41,770 recorded the previous year.

Over the seven year period ending June 30, 2007, there has been a 7.17% decline in the population of the region. Population projections, based on information included in *Saskatchewan Health Population Projections 2006-2021*, indicate a continued steady decline over the period 2007 through to 2021.



Currently, First Nation communities represent approximately 9.5% of the region's total population. According to the *2007 Covered Population* statistics, the combined population of the First Nation communities of Red Earth Cree Nation, Shoal Lake Cree Nation, Cumberland House Cree Nation, Kinistin Saulteaux Nation, Yellow Quill First Nation and the Northern Village of Cumberland House is 3945.

The most significant percentage of the region's overall population falls in the over 40 age group at almost 53%. The 45 - 54 year age group represents the largest portion of the over 40 population at 14%. At 7.5% of the population, the largest population in the under 40 category is represented by the 15-19 year old age group.

The median age of the region's population (40 years) is slightly older than the median age of the population of Saskatchewan (36 years). The median age of the region's First Nations population is significantly lower at 21 years.

Among First Nations community populations, the under 40 years age group represents the largest portion of the population at approximately 76%. The 15 – 19 year age category represents the single largest portion of that age group at 16%.

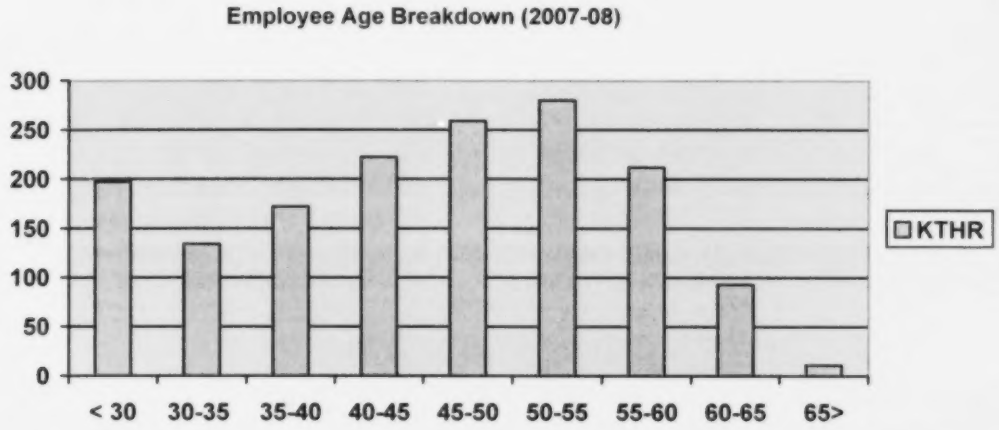
Provincially, the distribution of the population has been somewhat stable with minimal out-migration from rural to urban. Cities and towns have continued to see an increase in population. While there has been population loss from rural settings, it has been relatively minimal.

According to the *2006-2007 Cumberland Regional College North East Regional Needs Assessment Report*, there is optimism within the region despite some economic setbacks. Poor agricultural commodity prices and flooding hampered grain production for the second year in a row. In the forestry industry, mill closures and layoffs have had an impact on the communities and areas surrounding Hudson Bay and Carrot River as well as those employed in related industries. Diamond exploration in the Fort a la Corne area as well as oil and gas exploration in the Pasquia Hills have provided some optimism in the promise for the economic future of the region.

Currently, there is a shortage of both skilled and unskilled labour in the region as well as a largely untapped Aboriginal workforce. Forty-four percent of the population of the northeast does not have a high school diploma.

Due to the large geographic area of the region, accessibility to services, transportation and isolation continue to pose challenges for both residents and service providers. Significant distances between communities, coupled with the isolated location of the Northern Village of Cumberland House and the adjacent Cumberland House Cree Nation, produce challenges in the ongoing provision and accessibility of equitable and appropriate health care services.

The Kelsey Trail Health Region's workforce includes approximately 1580 employees representing 1144.98 full-time equivalents. Approximately 38% of the region's total workforce is in the 50+ age category and almost 92% is female. The 50-55 year age category represents the single largest proportion of employees at almost 18%.



Within Kelsey Trail Health Region, nursing shortages appear to have been less prominent than they may have been in other areas of the province. The nursing complement within the region is considered relatively stable though in-scope nursing supervisors have been difficult to recruit and there is an ongoing shortage of casual nursing staff across the region.

Physician recruitment has been difficult in Kelsey Trail Health Region. The retirement of a family physician in the community of Carrot River in the fall of 2007 left that community without full-time physician services. However, two physicians from Nipawin visit the community weekly to provide services while recruitment for a full-time physician for the community continues. Nurse Practitioners provide service to the community. In April of 2007, the Internal Medicine specialist at Melfort resigned.

Melfort, Nipawin and Tisdale are all currently operating below the ideal complement of family physicians for each community. The region is attempting to recruit a second physician for the community of Porcupine Plain. The addition of a Nurse Practitioner in Tisdale in February 2008 has assisted in addressing the pressure on physicians in that community.

Nurses and health care professionals including speech/language pathologists, therapists, and psychologists continue to be difficult to recruit. Recruitment of these professionals is very competitive provincially and nationally.

The region faces challenges in the recruitment of appropriate, qualified support staff in the areas of Food and Nutrition, Environmental and Laundry and Building Services.

Emerging Health Issues

The health region works collaboratively with the Ministry of Health and Health Canada to maintain an awareness of emerging heaith issues. They are identified and addressed on the basis of priority.

In 2007-08, Kelsey Trail Health Region reported five human cases of West Nile Virus affecting individuals between the ages of 54 and 72 years. The region reported two human cases of West Nile Virus in 2003. West Nile Virus is becoming more prevalent in the province and the region and will require increased attention.

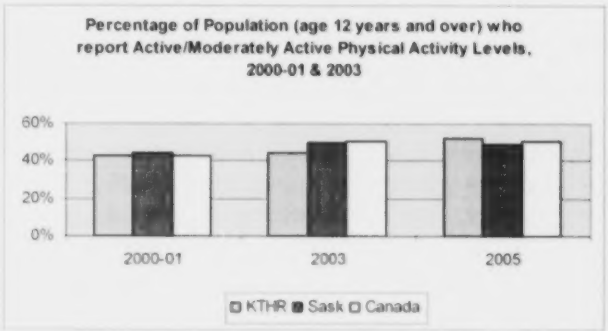
Though the number of animal bites reported and followed in Kelsey Trail Health Region this fiscal year is similar to previous years, there was an increase in the number of clients requiring rabies immune globulin and vaccine. There was also an increase in the number of animals tested for rabies. Ten animal bite victims in the health region received the rabies vaccine series. Eight animals were tested for rabies and found to be non-rabid.

Dental health status plays a role in determining overall health. Tooth decay is the most common chronic childhood illness. The results of the KTHR Dental Health Screening Program 2003-04 indicate tooth decay affects between 51 and 63 percent of Kindergarten and Grade 1 students in the region. According to the report, children in KTHR who live in communities with access to fluoridated water supplies have a lower average rate of decay than those children living in communities without access to fluoridated water. Children in the Northern Village of Cumberland House have been identified as "at-risk" for dental health-related issues. KTHR is working to increase access to the fluoride varnish program for preschool-aged children across the region.

Health Status

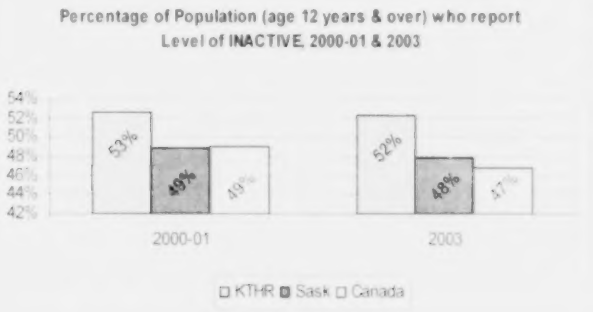
Obesity is a major risk factor contributing to a variety of chronic conditions including type II diabetes and heart disease. Reducing the risk of obesity decreases the risk of other chronic conditions. The regional percentage of those considered obese has decreased somewhat between 2000-01 and 2005 however at 56.51% it is higher than both provincial and national averages.

Physical Activity provides heart health benefits, reduced incidence of high-risk behaviour in youth and enhances psychological well-being. In addition to health benefits, economic benefits are associated with participating in regular physical activity which include reduced health care costs and increased productivity. Physical activity levels impact on several other indicators including body weight, mortality and

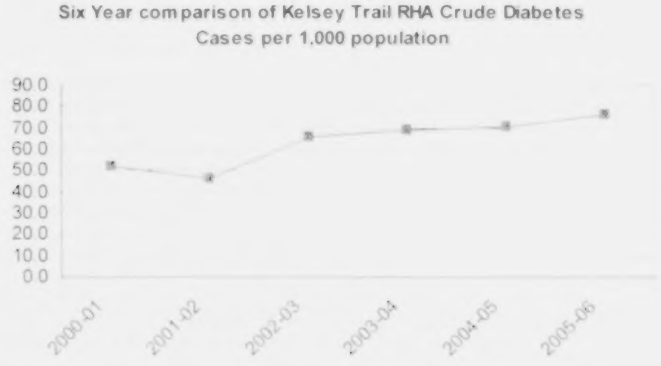


morbidity rates related to cardiovascular disease; prevalence of depression; and diabetes incidence.

The percentage of the population (12 years and over) reporting active or moderately active physical activity levels is 51.84%. This is higher than the provincial rate of 48.62%. In KTHR, there has been a nine percent increase in the percentage of those reporting active or moderately active physical activity levels since 2000.



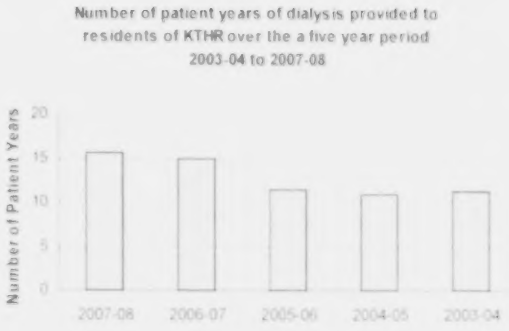
Diabetes is a progressively debilitating disease associated with several chronic disease complications. It has implications on quality of life, and carries high utilization costs.



Factors that contribute to diabetes include age, sex, genetics, nutrition, obesity, ethnic background, physical inactivity, viral infections and other factors such as smoking, alcohol, hypertension, heart disease, gestational diabetes and stress.

Kelsey Trail Health Region's age-sex adjusted diabetes prevalence rate has increased from a rate of 55.2/1000 in 2000-01 to 76.6/1,000 in 2006-07, an increase of approximately 39%.

The number of patient years of dialysis provided to residents of the region over the five year period 2003-04 to 2007-08 has grown as the diabetes prevalence rate has increased in the region. Satellites are funded to provide a specific number of patient years of dialysis given the size and operating hours of the satellite. Since 2003-04, patient years of dialysis have increased by 38.8% in the health region. Provincially, hemodialysis patient years have increased by 25% over the same period.



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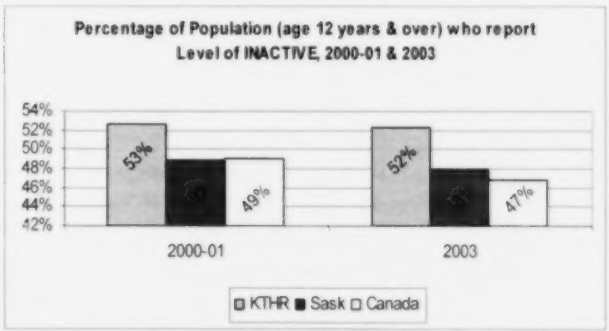

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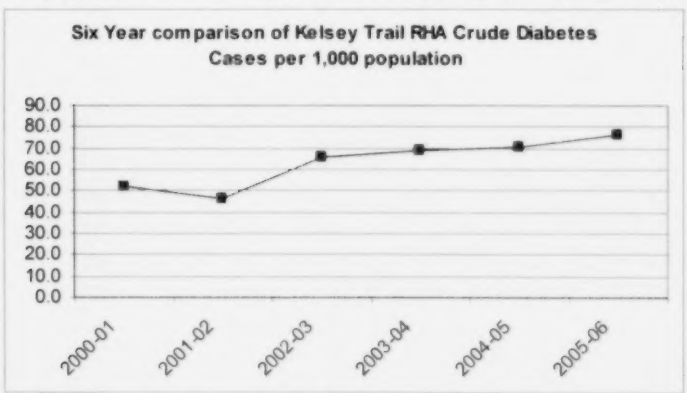

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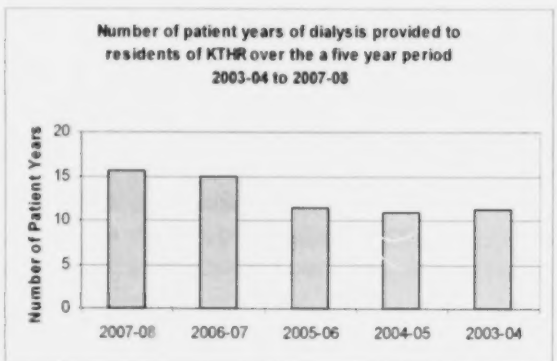
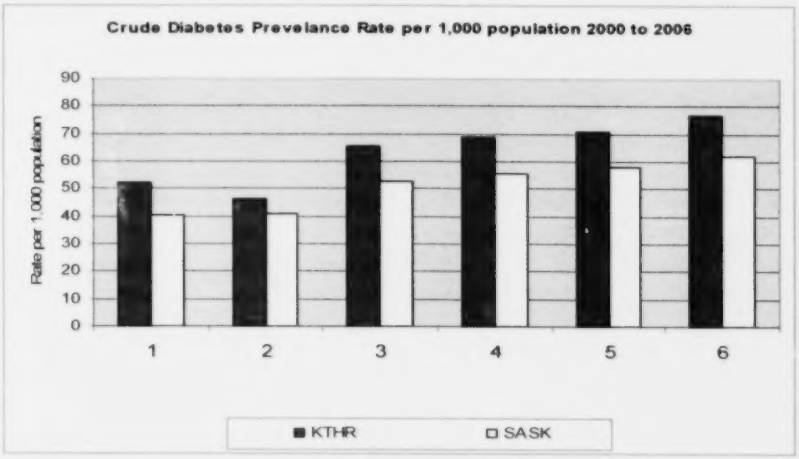
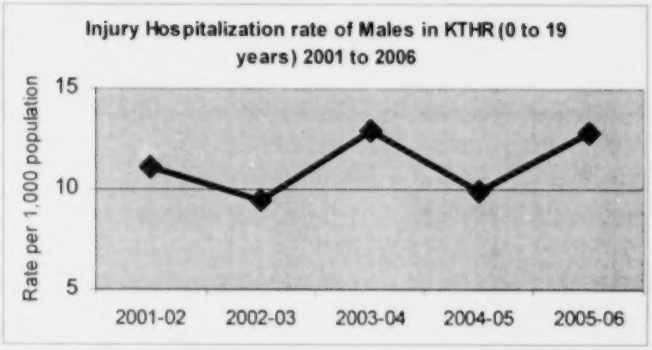


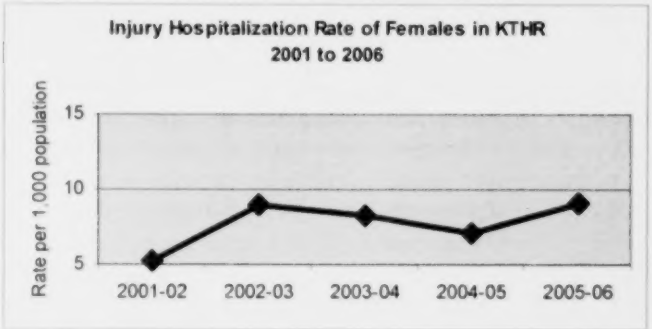
At 76.6/1,000, KTHR has the second highest crude diabetes prevalence rate per 1,000 among RHA's in the province. The region's crude prevalence rate is 23% higher than the provincial average of 62.0/1,000.



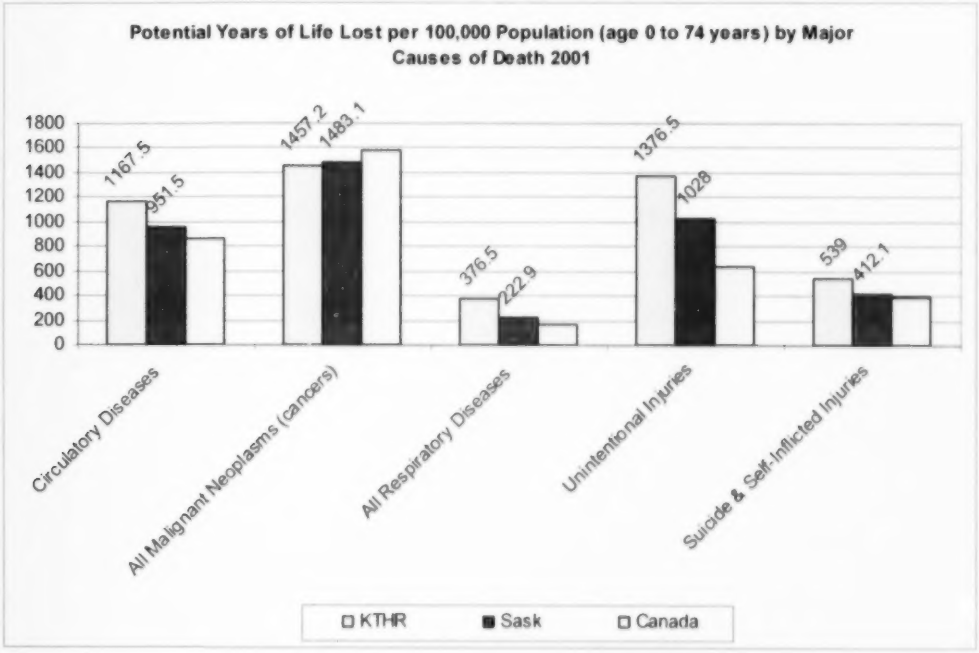
Injury is the leading cause of childhood death in Canada and is a leading cause of hospitalizations among Saskatchewan children. In 1996, Saskatchewan had the highest provincial rate of hospitalizations due to injury for children and youth age 0 to 19 years. Injury to children and youth can result in lifelong disabilities, or even death.



There was an increase in the injury hospitalization rates per 1000 population for both the region and the province in 2005-06 with 21.9/1,000 youth between 0 and 19 years in the health region and 17.6/1,000 youth in the province hospitalized due to injury.



Potential Years of Life Lost (PYLL) reflects the toll taken by the major causes of premature death. This indicator focuses on causes of death occurring at a younger age and the need to deal with the major causes of premature deaths like childhood cancer, injuries, suicide and cardiovascular disease. The top five causes of premature deaths in Saskatchewan between 1995 and 1999 were motor vehicle collisions, suicides, lung cancers, acute myocardial infarctions and ischemic heart disease. In the Kelsey Trail Health Region, cancer is the leading cause of death followed by unintentional injuries, circulatory disease, suicide and self-inflicted injuries and respiratory diseases. With the exception of cancer, Kelsey Trail Health Region reports higher rates of potential years of life lost than both the provincial and national averages.



Fall injuries are a serious health issue for seniors, often resulting in long-term disability, loss of independence and even death. As the province's demographics continue to shift to the older population, surveillance of fall injury among Saskatchewan seniors is becoming increasingly important. Injury prevention is possible by targeting risk factors. Most falls occur within the home, the most common cause of falls among seniors is due to slipping, tripping or stumbling; and twice as many females are hospitalized due to falls. The region's Director of Therapy is involved in the development of the Provincial Fall Prevention Strategy.

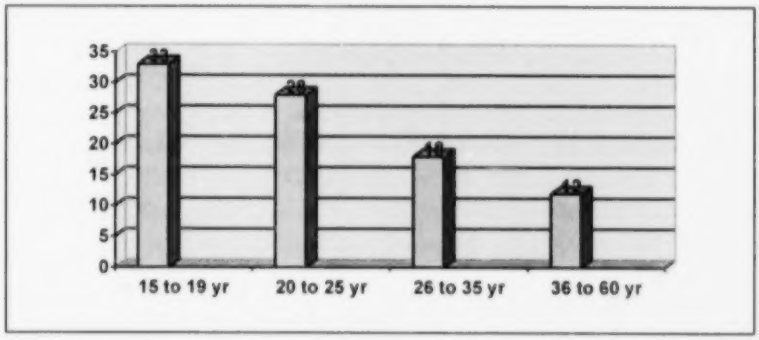
The regional hospitalization rate due to falls per 1,000 population (age 65 years and over) decreased slightly from 44.8 in 2004-05 to 44 in 2005-06. While the female rate decreased from 30.6 to 27.7/1,000, the rate of falls among males increased from 14.2 to 16.3/1,000. Provincially, the rate decreased from 41.3 to 40.7/1,000. The rates for both males and females experienced slight decreases at the provincial level.

Reported communicable diseases in KTHR increased by 57% over the previous year. This is primarily due to a cluster of 26 lab positive cases of pertussis reported in November of 2007. Sixteen of the 26 lab positive cases were among those under the age of 18 years. Lab positive cases between the ages of five months and 14 years were noted to have incomplete immunization histories.

MRSA continues to be the most reported communicable disease in KTHR with 101 positive cases. Forty-five percent of lab positive clients are between 19 and 64 years of age. Several new cases of Hepatitis C were also reported during 2007-08.

Lab positive Sexually Transmitted Infections (STI) increased in KTHR this fiscal year. The increase may be due to an increase in testing for STI's by regional physicians. The average client follow-up time by physicians ranges from two weeks to one month. Kelsey Trail Health Region would like to improve completed STI notifications from physicians to within one week in compliance with *The Public Health Act*. Of those reported, Chlamydia and Gonorrhea are most prevalent with 78 lab positive cases of Chlamydia and 25 lab positive cases of Gonorrhea. Fifty-four percent of reported STI cases are among females.

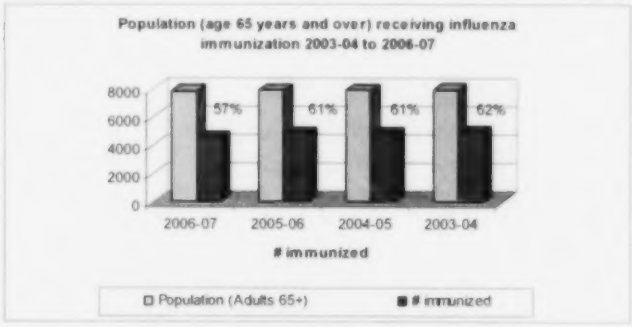
Sexually Transmitted Infections 2007-08
Age and Sex Breakdown

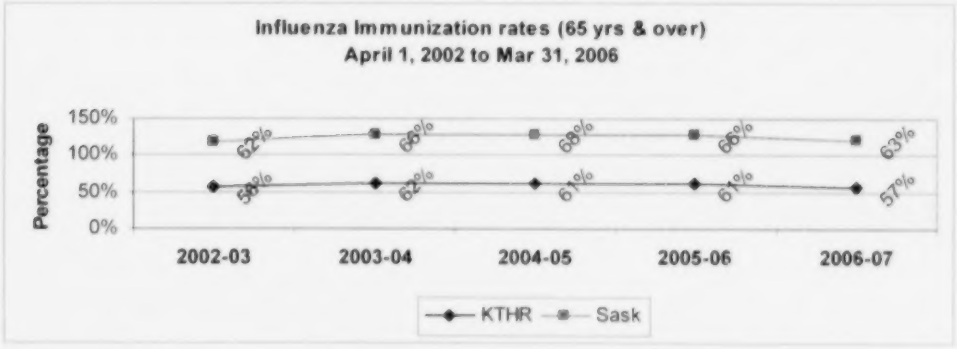


Tularemia, a bacterial zoonosis caused by one of the most infectious pathogenic bacteria known, is an uncommon communicable disease reported this year. The main sources for human exposure to Tularemia in Canada are muskrats, beavers and rabbits. Squirrels, mice, birds, ticks and mosquitoes can also become infected and transmit the disease.

During 2007-08 there were six gastrointestinal and three respiratory outbreaks reported in facilities in the region. The cause of the gastrointestinal outbreak was unknown in two cases. The other four were identified as norovirus. The influenza virus was the cause of two of the respiratory outbreaks. One respiratory outbreak was related to both the influenza B virus and RSV. The source of the infection could not be identified in the other respiratory outbreak.

Influenza immunization rates among KTHR residents age 65 years and older were recorded at 57% in 2006-07, a four percent decrease from the previous year. The region's influenza immunization rate is six percent lower than that of the province overall and has consistently been below the provincial rate since 2002-03.





Within the health region, over 6,000 doses of influenza vaccine were administered by Public Health Nurses to risk and non-risk factor clients. Those considered at-risk clients include individuals 65 years of age and over, residents of special care homes, individuals under 65 years who are medically at-risk, and infants and children between six and 23 months.

Public Health Nurses in the region successfully increased flu immunization rates among six to 23 month olds from 17.9% in 2006-07 to 27.1% in 2007-08.

Fifty-one percent of long term care employees received influenza immunization in 2007-08, a four percent decrease from the previous year. The percentage of all health care workers voluntarily receiving influenza immunization decreased from 63% in 2006-07 to almost 58% in 2007-08.

Key Risks

Financial Pressure: Health care costs in Canada have grown steadily over the last 30 years – faster on average than the economy as a whole. Advancements in technology, equipment replacement and repair, the introduction of new medications, limited physician and nursing resources, the impending retirement of the Baby Boomer generation, a targeted focus on staff and patient safety, and aging infrastructure all combine to escalate health care costs. The financial capacity of the region is often outpaced by the demands on the health care system. The needs of clients, size of the region, and location of facilities create operational pressures for all departments.

The costs associated with service delivery in a region that is geographically large are considerable. With an average of .87 persons per square kilometer, Kelsey Trail Health Region's population density is significantly less than the provincial average of 1.56 persons per square kilometer. Travel costs associated with the delivery of services from visiting teams as well as those associated with flying physicians to serve the isolated population of the Northern Village of Cumberland House are significant.

The provincial government provides the RHA with the funding resources to provide existing services to the residents of the region within a specific budget. The RHA relies on the generosity of Foundations and Trusts to provide some of the funding resources that are required to cover the escalating and necessary costs associated with clinical equipment replacement and upgrade.

Capital Infrastructure & Equipment: Funding for capital projects presents significant challenges to the region. Capital projects designed to produce long-term savings for the region require considerable investment. The region has undertaken a space review that has pinpointed areas of immediate concern within existing facilities. The space review also takes the future and long-term needs of the region into consideration with projected future population figures. Compounded by escalating construction costs, rising technology and equipment costs and a shortage of skilled trades, funding for renovation and replacement projects is an element of pressure the RHA is faced with when considering capital infrastructure projects.

Capital equipment funding is received annually from the Ministry of Health. Specific criteria must be met in order for both provincial and federal capital funding to be accessed. Funding for equipment the region requires for daily business operations in the areas of administration, maintenance, dietary, laundry, and environmental services generally do not fall within the funding criteria.

Human Resources: Providing adequate physician resources for the provision of safe, effective quality care throughout the region is an ongoing challenge in KTHR as it is across the province and the country. The ability of the region to recruit and retain physicians and other health care professionals in rural and somewhat remote locations has a significant impact on service provision and delivery.

Competing with urban settings and other provinces, the health region has invested in the services of professional physician recruitment agencies. In partnership with the provincial government

and, in some cases, communities within the region, KTHR provides various recruitment incentives in an effort to attract physicians and other health care professionals.

Kelsey Trail Health Region has been successful in the area of nursing recruitment, recruiting 22 nurses in 2007-08.

The region is moving toward a more representative workforce. The region's current workforce has an Aboriginal representation of approximately 1.8 percent.

Patient and Staff Safety: Increased attention by Saskatchewan Labour Occupational Health & Safety Inspection Officers has resulted in improved compliance with applicable legislation regarding staff safety. KTHR is working to change the culture of safety among staff, patients, clients and visitors through the Required Organizational Practices (ROP's) identified by Accreditation Canada. The region is focused on providing safer work environments and reducing workplace injuries and incidents.

The provincial Ministry of Health provided approximately $650,000 in funding for the purchase of new equipment and educational training opportunities to support increased safety for staff and patients. The funding has allowed the region to move closer to the goal of achieving 100 percent electric beds in all acute care facilities, 60 percent electric beds in all long term care facilities, one bariatic bed for each facility providing acute care services, and maximizing track lifting in one long-term care facility in the region.

Transforming the care and service experience through a focus on patient/client safety is one of the region's key strategic directions. It is addressed through the Regional Patient Care & Safety Committee and ongoing partnerships with organizations such as Accreditation Canada, the Canadian Patient Safety Institute and Health Quality Council.

Partnerships

- **Ministry of Health:** The provincial Ministry of Health is the region's most significant stakeholder, providing policy direction, setting and monitoring standards, providing funding, supporting RHA's and ensuring the provision of essential and appropriate services to regional residents. The Ministry of Health defines performance and outcome measures and establishes accountability parameters. A provincial *Accountability Framework* defines the performance relationships between regional health authorities and the province. It also articulates the organizational program, service and funding expectations of regional health authorities.
- **Saskatchewan Association of Healthcare Organizations (SAHO):** The Saskatchewan Association of Healthcare Organizations (SAHO) is a non-profit, non-governmental association of health agencies in Saskatchewan with membership that includes all regional health authorities and associations providing health care services. SAHO provides RHA's with leadership, a common voice, payroll and benefits, collective bargaining, OH&S support, representative workforce and educational resources.

- **Prince Albert Parkland Health Region:** The region has an historical partnership with the Prince Albert Parkland Health Authority in relation to the provision of Mental Health and Addiction Services, primarily in the areas of specialty mental health services.

- **Understanding the Early Years (UEY):** The region continues to act as the accountable partner for the Understanding the Early Years (UEY) program. This research initiative is nearing the end of its three year term. Saskatchewan Population Health and Evaluation Research Unit (SPHERU) has been contracted to analyze data related to the UEY program and the information will be disseminated to communities through a regional statistical report on the status of child development.

- **Intersectoral Partners:** The health region continues to be an active partner on the Regional Intersectoral Committee and local interagencies, partnering with the North East School Division, Cumberland College, Social Services and many other human service agencies. These groups address human services broad issues, support and participate in proactive health promotion, school policy development and food security. Partnerships have also been developed with community leaders, Chambers' of Commerce, economic development groups and Community Health Advisory Networks (CHANs).

- **Union Affiliates:** The health region has respectful partnerships with three affiliations including the Saskatchewan Union of Nurses (SUN), the Health Sciences Association of Saskatchewan (HSAS) and the Saskatchewan Government Employees Union (SGEU).

- **Other Partnerships:** Other significant partnerships include a variety of community level Foundation and Trust committees within the region, the Health Quality Council (HQC), the University of Saskatchewan, the Northern Health Strategy, the Northern Chronic Care Coalition, the Northern Antibiotic Resistance Partnership (NARP), targeted and non-targeted *KidsFirst* initiatives, Prince Albert Grand Council, Saskatoon Tribal Council, Eastern Region 1 and 2 Métis Nation, and the Northern Inter-Tribal Health Authority. Kelsey Trail Health Region acts as the accountable partner for the targeted and non-targeted *KidsFirst* initiatives and Understanding the Early Years, a research initiative.

Health Care Organizations

The region acts as the accountable partner in contractual relationships it has with a number of independent Health Care Organizations (HCO's) and third parties for the delivery of health care services. *The Regional Health Services Act* defines a health care organization as an affiliate or a prescribed organization that receives funding from an Authority to provide health services.

The ongoing financial monitoring, ensuring adequate services are being provided, and accountability among HCO's is a priority for the region.

- The region has a contractual relationship for emergency medical/ambulance services in a number of communities. These services include responsibility for access, care stabilization and transport of both acutely ill and injured clients. Emergency Medical

Dispatch Services determine priority of emergency responses and dispatch Advanced, Intermediate or Basic Life Support crews.

Accountability among contracted emergency medical/ ambulance services providers is guaranteed through monthly reporting of Patient Care Service Performance and financial requirements. Reports on the continuing education activities of each service are required annually, as are annual audited financial statements, proposed operating budgets, statement of remuneration of employees to provincial levels and statement of benefits paid on behalf of employees. Client satisfaction survey results are recorded and reported, as are reports on audits of at least 25% of all trips made by the service.

- In October of 2007, KTHR officially assumed responsibility for the delivery of home care services previously contracted to Cumberland House Home Care. The region hired an LPN and Environmental Support Worker to provide these services to the community.

- In the Town of Nipawin, the Nipawin Oasis Community Centre Cooperative Ltd. provides services such as the COPE day support program for clients with long- term mental illness, a home support program, a vocational rehabilitation program and a camp for persons with mental illness in the Nipawin area. This partnership has been enhanced and expanded with the signing of a one-year agreement between Kelsey Trail and the Oasis Community Centre

- Hudson Bay & District Assessment and Resource Service (Hudson Bay ARS) signed a one year agreement with KTHR that defines the provision of addiction services in Hudson Bay and area in conjunction with a counseling and referral program for industry in that community. The contract allows Kelsey Trail to maintain quality assurance and clinical support for counseling staff at Hudson Bay ARS. HBARS provides office space and reception support for the region.

Accountability of contracted service and care providers is monitored through a variety of means including receipt of the annual audited financial statements of the provider. Providing services through contractual relationship allows the region to meet the needs of all residents, regardless of location. This process meets the goals and objectives of both the region as well as those of the provincial Ministry of Health.

2007-2008 Results at a Glance

The Kelsey Trail Regional Health Authority reached numerous objectives and achieved successes that are in line with both the organizations Strategic Directions and the goals of the provincial Ministry of Health. The highlights of the year are summarized below:

Goal #1 – Improved access to quality health services

- Successful completion of a five-bed addition to the long term care facility at Hudson Bay. The new addition opened in September 2007.
- The region implemented the Canadian Triage and Acuity Scale (CTAS) and appropriate access to assist in prioritizing patients presenting in Emergency/OPD departments on the basis of need.
- Nipawin and Porcupine Carragana Hospitals are involved in *Safer Healthcare Now* medication reconciliation pilots. Best practice toolkits will be implemented in pilot sites and developed across the region.
- Public Health Inspectors inspected and regulated tattoo establishments and body piercing facilities within the region and have developed health protection information for the public.
- The Medical Health Officer represents KTHR on a *Saskatchewan Prevention Institute* project to develop community-based best practice framework to reduce infant mortality in Saskatchewan, focusing on strategies to address risk factors for infant mortality.
- A sixth Primary Health Care team was established in Tisdale in February 2008 with the addition of a Nurse Practitioner.
- Mental Health & Addiction Services (MHAS) expanded programs through funding for enhanced services for youth and their families. As a result, centralized intake for MHAS has been implemented and capacity for high risk youth has been enhanced through the Secure Youth Detox Program.
- Fifty child daycares in the region benefited from education from KTHR's Speech Language Pathologist as part of the early childhood coalition's work on language development.
- In collaboration with the Saskatchewan Families for Effective Autism Treatment (SASKFEAT), KTHR received funding for autism intervention training and summer programming for children with autism.
- A KTHR Exercise Therapist is involved in a sleep apnea program, providing follow-up to regional referrals from the Saskatoon Sleep Lab as well as education and support to increase awareness of the problem.
- The addition of a new children's Speech Language Pathologist position for enhanced children's therapy services has resulted in a decrease in the wait list for assessments. There has been a 38% improvement in wait time for children requiring speech language therapy in the region.
- Implemented provincial skin and wound guidelines in acute care, home care and long term care throughout the region.

Goal #2 – Effective health promotion and disease prevention

- Continued work on the three pillars of Population Health Promotion: Accessible Nutritious Foods, Active Communities, and Mental Well-being and Decreased Substance Abuse.
- KTHR Diabetes & Heart Health Centre Team is the lead on the provincial Diabetes Resource Project for the development of diabetes teaching tools for the province.
- Best practice decision trees for blood pressure, blood glucose monitoring, and triage for foot care expanded across the region.
- Primary Health Care professionals hosted health fairs, made public presentations and organized Preventing Alcohol Related Trauma in Youth Programs (P.A.R.T.Y.) in several communities. The obesity epidemic among youth has been a focus for many of the region's program projects.
- Community Wellness Coordinators conducted presentations on MY DREAMS, social skills, WE Generation: Building Responsible Citizens, physical activity programs and safety presentations.
- As part of an accident prevention strategy, playground equipment safety surveys were conducted throughout the region, identifying 56 playgrounds with varying degrees of deficiencies. Letters outlining the necessary corrective action that should be taken to achieve optimum safety levels were distributed.
- Began providing preventive dental programming services to children in Cumberland House through the Head Start program for three to five year olds and initiated a similar program for *KidsFirst* families in Cumberland House.
- Provided oral health instruction, consultation, dental screening and referrals, and fluoride varnish treatment to 726 children and their families in the health region.
- The region successfully implemented a regional Food and Nutrition Policy.

Goal #3 – Retain, recruit and train health care providers

- Received funding for Recreation Therapist and Intake Facilitator positions for Mental Health & Addiction Services.
- Creation of new children's Speech Language Pathologist position from additional funds for enhanced Children's Therapy Services.
- Relief Nurse Practitioner hired for the region.
- The long vacant dental therapist position at Cumberland House was filled.
- Palliative Care team rolled out education on the new Advanced Care Directives policy.
- Mental Health & Addiction Services hosted a major conference (40 Developmental Assets Workshop) attended by local service providers and designed to identify and build resources that support youth in healthy development.
- Developed Assessment and Review Committee (ARC) to facilitate long term care placement through Home Care case managers and Medical Social Workers.
- Implemented term Quality Improvement Coordinator, Safety Consultant and Education Coordinator positions.
- During the 2007-08, 276 employees participated in Cultural Awareness training. To date, 874 KTHR employees have participated in this training.
- Quality Health Workplace Plan approved; Education plan under development

- New pathologist recruited in June 2007.
- Two family physicians were successfully recruited to Nipawin and opened an independent family medicine practice. They also provide anesthetic services in Nipawin and Melfort and visiting services to Carrot River twice a week.
- Radiologist recruited on temporary one-year contract.
- Two general and two Aboriginal scholarships, valued at $1000 each, were awarded to students residing in KTHR pursuing post-secondary education in the field of health care.
- KTHR is the only region in the province to train eight regional staff members and some community pharmacists in respiratory best practice follow-up in the advanced programs of COPD and Asthma Trec; to create a working group with a work plan; and to start a network of support for those with these chronic conditions.
- KTHR is participating in HQC's first Quality Improvement Consultant training program. The program will assist in transforming the region's approach to quality improvement

Goal #4 – A Sustainable, Efficient, Accountable, Quality Health System

- The final report, Anthrax Outbreak in Saskatchewan, 2006: Assessing Human Exposures, by The Public Health Agency of Canada was completed and received, outlining the results of a field epidemiology study in KTHR.
- Participated in a capital asset review conducted provincially by VFA Canada.
- Conducted Nursing Information System – Saskatchewan (NISS) workload audit in acute sites to determine if inputted workload data is being applied consistently across the region, is reliable and can be used to determine appropriate nursing mix and staffing levels.
- Performance targets established through development and approval of 2007-2011 Strategic Directions.
- Laboratory Information System (Triwin) fully implemented in all six hospitals in the region, increasing efficiency of testing and reporting processes, reducing variability among various departments associated with laboratory testing, and setting common guidelines for testing.
- Nipawin Hospital's system for bulk meal delivery to patients has captured the attention of several health regions and is serving as a model in other parts of the province.
- Melfort Hospital completed participation in the HQC's Provincial Patient Centred Discharge Planning Collaborative. As a result, Melfort Hospital saw improvement in several areas and will continue working to further improvements in discharge planning that can benefit the entire region.
- The region implemented a regional food purchase program and standardization of menus.

2007-2008 Performance Results

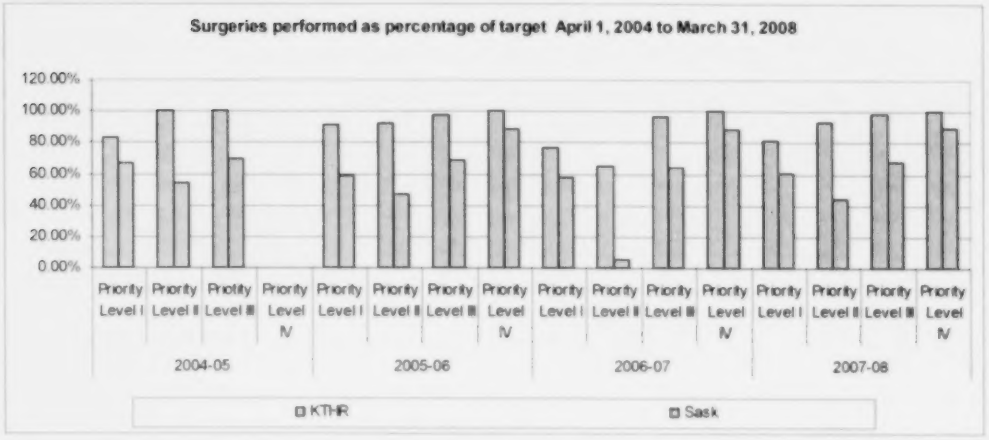
The following indicators, from the *Accountability Framework* required by the provincial Ministry of Health and supportive of the objectives of the Ministry, are specific to the Kelsey Trail Health Region. The indicators outline the Ministry of Health's expectations for the funding provided and are used by the Ministry of Health and Kelsey Trail Health Region to assess how the region has met or is progressing toward meeting these expectations. Please refer to Performance Management Summary (Indicator Tables) section on page 52.

Goal #1 – Improved Access to Quality Health Services

Kelsey Trail Health Region's Regional Surgical Services Committee reviews the surgical services provided in the health region. The committee monitors the health region wait list and makes recommendations for reducing wait times and maximizing utilization of operating rooms. The committee also assists in prioritizing surgical equipment needs and assists with development of surgical policy. The OR Scheduler/Waitlist Coordinator has streamlined scheduling and inputting into the Saskatchewan Wait List Program for the OR services provided in the region.

Indicator	KTHR	SK	Target
Percentage of surgical cases completed within target time frame			
Priority Level I	81%	60.4%	**95%**
Priority Level II	93.3%	44.0%	**90%**
Priority Level III	98.5%	67.8%	**90%**
Priority Level IV	100.0%	89.2%	**90%**
Cumulative number of surgical cases performed as a percentage of target and variance from target			
Percentage of target	98.0%	99.4%	**100%**
Variance from target	**-23**	**-413**	

With the exception of Priority Level I, the region is meeting and exceeding the targeted time frames for surgery. Those that are past the targeted time frame are due to OR surgeon and staff availability.

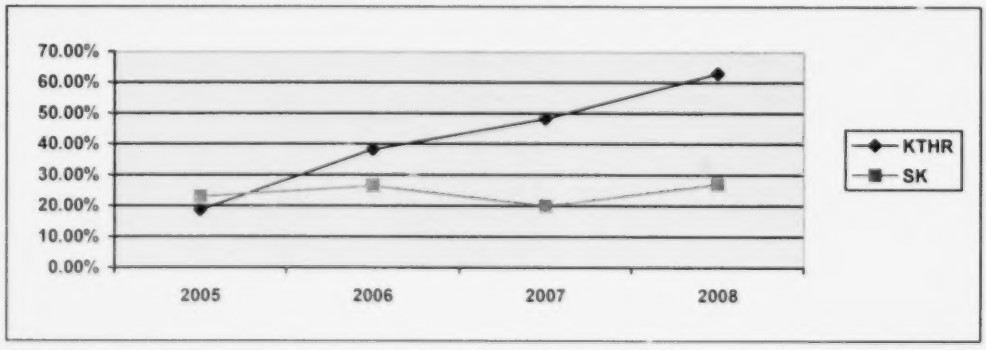


Current target time frames for surgical cases on wait lists state that no patient should wait over 18 months for surgery. The goal of the Ministry of Health is to increase the volumes of medically necessary procedures where patients are waiting excessively long times for surgery, in addition to managing waitlists in a more efficient manner in order to reduce the maximum wait time. Kelsey Trail Health Region has consistently had no one on the wait list for surgery for 18 months during the period from March 31, 2005 to March 31, 2008.

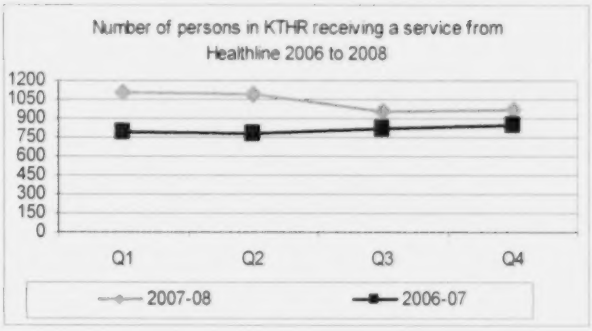
One new primary health care site was implemented in Tisdale in February 2008. The addition of the Tisdale site moves the region closer to achieving the provincial target of 100% of the population with geographic proximity to primary health care teams by 2011.

As of March 31, 2008, 62.87% percent of the population of the region has access to primary health care, an improvement over the previous rate of 48.23% and well above the provincial average of 27.08%. The number of discrete clients receiving primary health care services in the Kelsey Trail Health Region in 2007-08 totaled 32,539, an 11% increase over the previous year.

Percentage of RHA population with geographic proximity to Primary Health Care teams (March 2005 – March 2008)



In total, 4,130 residents of the region received a service from the provincial *Healthline* in 2007-08, a 28% increase over the previous year. *Healthline* is a key strategy to support Primary Health Care Teams and access to health information and advice to all residents of Saskatchewan. Established in 2003, *Healthline* is accessible through a toll-free number and is staffed 24 hours a day by Registered Nurses who provide advice and information to callers.



In comparison to the previous year, the percentage of emergency response calls in the region where the maximum qualification of all personnel on the call was less than an Emergency Medical Technician (EMT) decreased by seven percent. Ideally, each call should have an attendant with at least an EMT-level of registration. On at least 99.4% of emergency response calls within the region, an EMT was on the call which is slightly higher than the provincial rate of 99.24%.

The prevalence of pressure sores among institutional supportive care residents in the Kelsey Trail Health Region in the second quarter decreased from 29.20% in 2005-06 to 27.27% in 2006-07. For a number of years, institutional supportive care facilities in KTHR have consistently and fully implemented and reported MDS/RUGs, a comprehensive assessment and classification system used to assess, classify and plan for the care of long term care residents according to their level of functioning and care needs. This consistency has resulted in the accurate and comprehensive reporting of pressure sores within the region.

Goal #2 – Effective health promotion and disease prevention

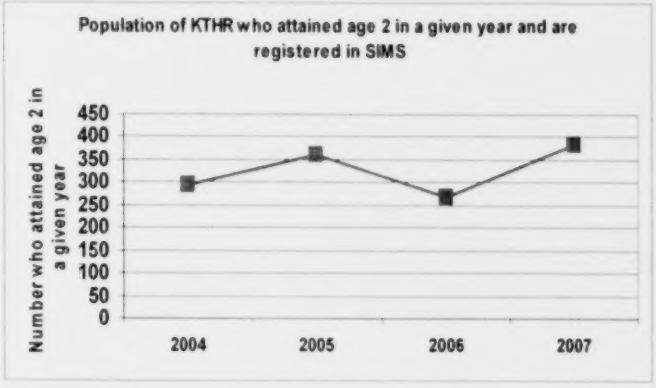
Kelsey Trail Health Region conducted 1075 public health inspections to a total of 981 premises in 2007-08. Inspections of licensed or regulated facilities include food premises, accommodations, swimming pools and public water supplies. The region leads the province in the percentage of licensed or regulated facilities that are inspected annually, achieving a 100% inspection rate for the third consecutive year. The inspection of regulated facilities is only one component of services provided by regional public health inspectors.

Tobacco compliance for public places (non-smoking) in the 2007-08 fiscal year included 394 field visits and 37 consultations for tobacco education and compliance audits. In total, 98.6% of facilities and premises within the region are complying, slightly more than the provincial average of 96.7% and higher than the target of 90% compliance.

The percentage of children in the region who completed the recommended primary immunizations against diphtheria, pertussis (whooping cough), tetanus, haemophilus influenza B, polio, meningitis, varicella (chickenpox) measles, mumps and rubella on or before their second birthday in Kelsey Trail Health Region is higher than the provincial rates for

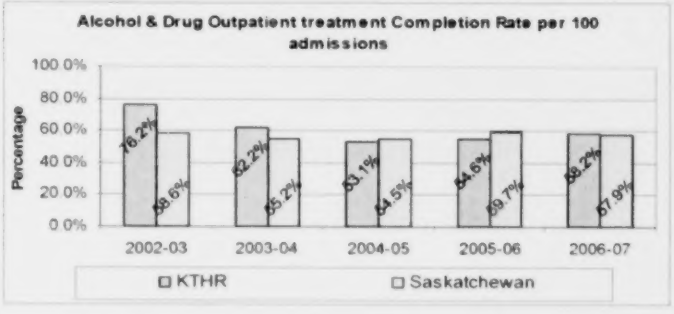
immunization. Meningococcal and varicella were added to the recommended primary immunizations as of June 30, 2007. The health region reported a 90.1% rate for meningococcal immunization, higher than the provincial average of 84.3%. The regional rate for varicella immunization (77.5%) was also slightly higher than the provincial average of 76.3%.

Approximately 85% of the regions' two-year old population is registered in SIMS, which is slightly lower than the provincial average of 91%. The 2007 immunization rates indicate a marked improvement over the 61% recorded the previous year. The provincial rate also improved over the previous year.



Between June 30, 2004 and June 30, 2007, the two-year-old population in the region has decreased by 13%. During that same period, the percentage of the eligible population of two-years-olds registered in SIMS has increased by 30%.

The region's alcohol and drug outpatient treatment completion rate per 100 admissions was 58.2% in 2006-07, slightly higher than the provincial average of 57.9% and an improvement over the region's previous rate of 54.6%.



In Kelsey Trail Health Region, the average wait time for admissions to Alcohol and Drug Outpatient Services in 2007-08 was 11.6 days, the second highest wait time in the province and higher than the provincial average of 9.1 days.

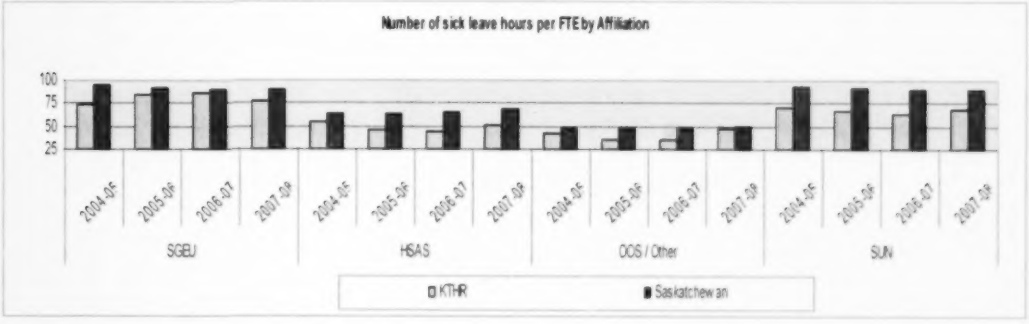
Of the 31 off-reserve schools in the region, one has implemented healthy food nutrition policy or guidelines as of September 1, 2007. This represents a 3.2% increase over the previous year and moves the region closer to achieving the target of 60% of schools by September of 2011. KTHR has been involved in health promotion efforts in schools across the region and has implemented a regional food policy within KTHR facilities.

Kelsey Trail Health Region's emphasis on health promotion and disease prevention has included a number of new initiatives in 2007-08.

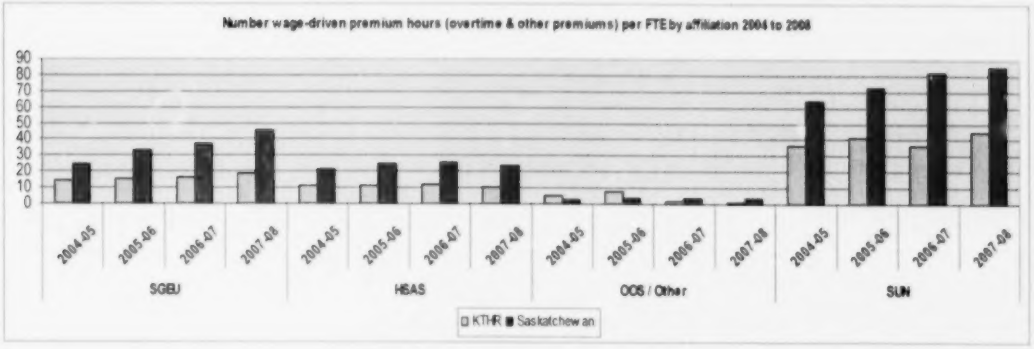
- Population Health Leadership Team created a "Celebration Plan" to highlight successful initiatives within communities throughout the region, focusing on mental health and wellbeing, decreased substance abuse, accessible nutrition and food, and active communities.
- Community assessments were completed in Nipawin, Naicam, Arborfield, Porcupine Plain, Carrot River and Nipawin and as part of a grant development process for Cumberland House. A Community Health Survey was conducted in Smeaton and area.
- Staff wellness, community physical activity and lifestyle balance programming has been developed and promoted throughout the region. The Lifestyle Balance Program developed by the diabetic education team and exercise therapists expanded to include leaders from across the region. This regionally developed idea has been adopted for use by the Prince Albert Parkland and Saskatoon health regions.
- Links to community health needs assessment reports, statistical and demographic information, best practice and research are available on the KTHR internal website.

Goal #3 – Retain, recruit and train health care providers

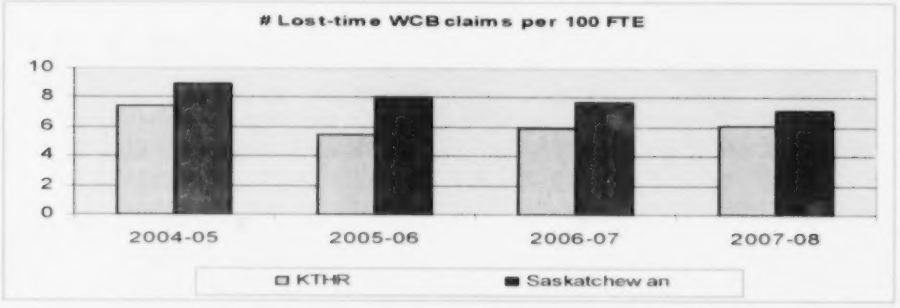
Although the emphasis placed on improving attendance in the workplace continues, the region's sick leave hours per FTE increased from 75.52 in 2006-07 to 82.94 in 2007-08. Kelsey Trail's absenteeism hours per FTE remains below the provincial average of 84.35.



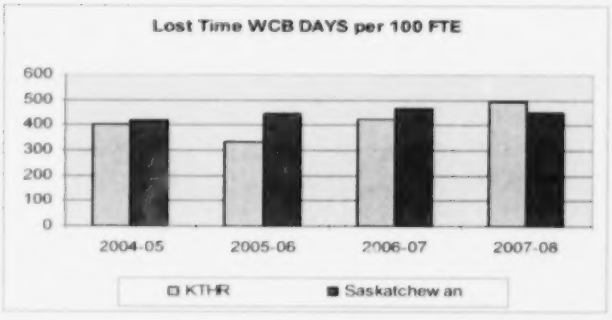
For the second consecutive year, Kelsey Trail has the second lowest number of wage-driven premium hours (overtime and other premiums) per full time equivalent (FTE) by affiliation for the organization as a whole. At 20.69 overtime and other premium hours, the region is slightly higher than the previous year's rate of 18.13. The region remains lower than the provincial rate of 48.46.



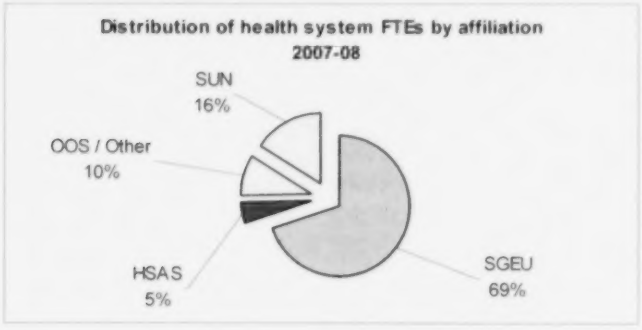
Based on the number of workplace injuries and successful return to work initiatives, KTHR received a merit rebate and a premium reduction for WCB coverage in 2007-08. Kelsey Trail Health region reported 6.03 lost-time WCB claims per 100 full time equivalents (FTEs) this year, a slight increase over the previous year but less than the provincial rate of 7.12.



The number of lost time WCB days per 100 full time equivalents (FTEs) increased from 421.17 in 2006-07 to 490.96 in 2007-08. The region was below the provincial average last year but is above the provincial average of 451.26 in 2007-08.



Within Kelsey Trail, the distribution of full time equivalents (FTEs) by affiliation changed slightly this year. Over the previous three fiscal years, distribution remained constant with the percentage of SUN employees at 17%, HSAS at 4%, SGEU (the provider union) at 70% and OOS/Other at 9%. In 2007-08, SUN and SGEU both experienced one percent decreases while HSAS and OOS/Other both increased by one percent.



The region was successful in hiring 185 new employees during 2007-08. The new hires included 22 Registered Nurses and nine Licensed Practical Nurses.

Of the 643 total postings in KTHR in 2007-08, 441 were filled internally and 60 were filled externally. Sixty-one percent of all postings were for temporary or casual positions. During 2007-2008, Kelsey Trail Health Region provided a four-day, comprehensive regional orientation program to all new employees.

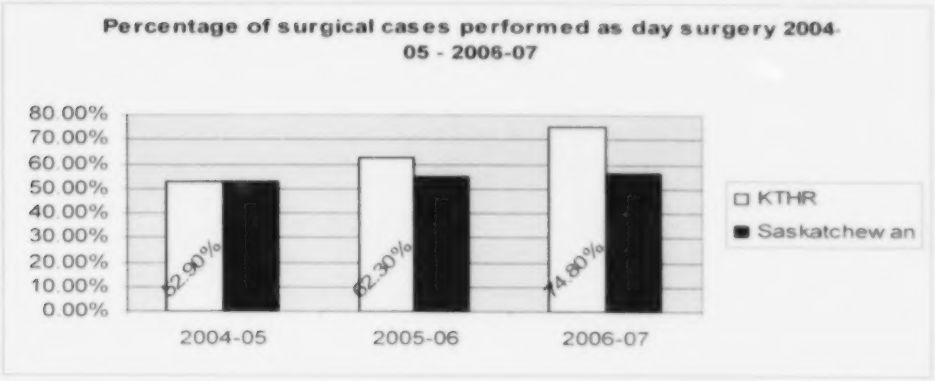
KTHR Posting Breakdown, 2007-08

	Permanent Full-Time	Temporary Full-Time	Permanent Part-Time	Temporary Part-Time	Casual	TOTAL
SGEU	36	50	135	185	87	**493**
SUN	23	16	25	28	7	**99**
HSAS	13	8	4	2	3	**30**
OOS	9	3	5	4	0	**21**
Total	**81**	**77**	**169**	**219**	**97**	**643**

Goal #4 – A Sustainable, Efficient, Accountable, Quality Health System

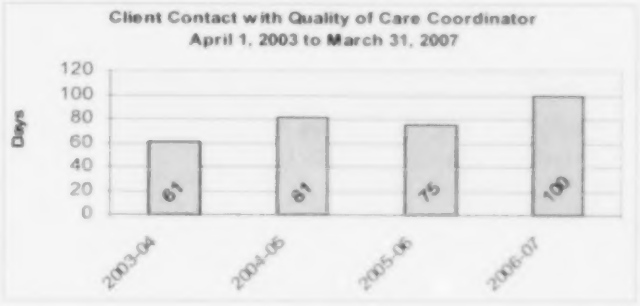
In 2006-07, KTHR exceeded the provincial average for the percentage of surgical cases performed as day surgery for the second year, completing 1168 surgeries. In the previous year, KTHR completed 958 day surgeries. The region met the provincial average in 2004-05, completing 121 day surgeries. Surgical volumes are obtained from the Saskatchewan Surgical Registry.

The health region began reporting to the Saskatchewan Surgical Registry in January of 2005 and therefore, data may be incomplete. Numbers may differ from previously reported values due to additions and corrections to the registry. The percentage of day surgery calculation is based on day surgery and inpatient surgical cases only. (Those categorized as "unknown" are not included.)



Key activities undertaken to address public confidence in the health region during 2007-08 included ongoing development of the internal and external websites; CEO meetings with staff, Community Health Advisory Networks and community leaders; distribution of the *Focus on Quality* newsletter to staff; a focus group with volunteers; and the development and release of a new quarterly volunteer newsletter, *The Volunteer Advantage*. KTHR participated in a pilot project with Accreditation Canada in November of 2007. Through this process the RHA had the opportunity to review the quality of care and service that is being provided in correlation with the new tracer methodology introduced by Accreditation Canada. Participating in the pilot project also prepared the region for accreditation in April of 2008.

The regional Quality of Care Coordinator (QCC) handles concerns or complaints regarding services provided by the RHA. This measure is indicative of the number of clients who contact the QCC to report one or more concerns.



In the year ending March 31, 2008, a total of 144 client contacts were received in KTHR, an increase over the previous year. The overall average turnaround time for completion was 8.7 days with 136 cases resolved in an average of 3.3 days. Resolution of a concern in less than five days is viewed as an exceptional turnaround time. In 2006-07, Quality of Care Coordinators throughout the province dealt with 4,519 client concerns (excluding non-jurisdictional).

During 2006-07, 16 critical incidents were investigated and reported in compliance with the *Saskatchewan Critical Incident Reporting Guidelines and Root Cause Analysis* to determine opportunities for system changes. Sixteen reviews resulted in recommendations in six categories: rules/policy/procedure; communication; training/education; fatigue/scheduling; environment/equipment; and barriers.

Recommendations that have resulted in system change over the 2007-08 fiscal year include but are not limited to:

- the establishment of improved communication tool and process to communicate dietary changes for residents;
- Implementation of regional *Disclosure in the Event of Incident* policy;
- Development of policy complete with procedure in regard to addressing head injuries in regional facilities;
- Routine chart audits to ensure quality recording for *KidsFirst* program files (local and provincial impact);
- Education to LTC residents and families in regard to ensuring awareness of the potential risks for fall and the new draft *Least Restraint* policy;
- Regional Pharmacy Therapeutics Committee developing new Vancomycin Protocol;
- Communication to all managers regarding requirement of Quality Improvement and Risk Management as regular agenda items on all KTHR meeting agendas; and,
- The recommendation that the presentation of the Shaken Baby Syndrome video take place early in the interactive process with *KidsFirst*, which also became a provincial mandate.

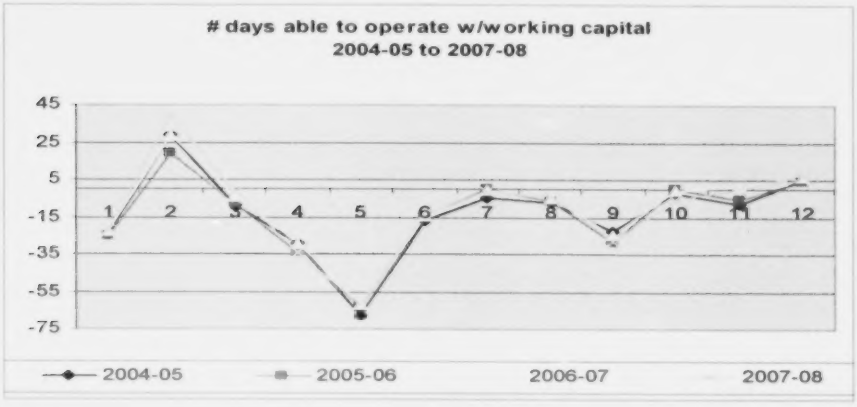
KTHR is involved in the ongoing review of services and programs. Earlier this year, low volumes resulted in the review of obstetrical services in Hudson Bay. Due to the extremely low number of births in the facility and the associated difficulty in the ability to maintain nursing skill set, labour and delivery was discontinued in Hudson Bay. The region will continue to evaluate low volume programs and services on an ongoing basis to ensure safety standards are being met.

Financial Summary

The Kelsey Trail Health Region had revenues of $89,076,298 and expenses of $88,595,389 to realize a modest surplus of $480,909 for the fiscal year ended March 31, 2008. The region planned a budgeted surplus of $25,332 in 2007-08, concluding the year with a positive variance from budget of $455,577. A balanced budget was achieved as the result of several initiatives undertaken to move toward regionalization and standardization of services and programs. KTHR's financial viability continues to take priority. Strategies have and continue to be developed to achieve a balanced budget in 2008-09 in an ongoing effort to achieve long term sustainability and fiscal efficiency.

The region's working capital ratio, which represents the ability of the health region to use current assets to cover current liabilities, has improved from 1.39 in 2006-07 to 1.50 in 2007-08. The region has 1.50 times more current assets than current liabilities, indicating the region is in a relatively stable financial position.

Working capital days are indicative of the number of days the region is able to operate with working capital. In 2007-08, the region's working capital days were -3.46. This is an improvement over the -5.05 recorded in 2006-07 however; the negative number continues to indicate room for improvement. Realistically, the region could not operate on working capital alone.



In 2007-08, the region reported a surplus of $480,909 which represents 0.5 percent of actual operating expenditures. This is similar to the previous fiscal year in which a $426,161 surplus, also representing 0.5 percent of actual operating expenditures, was reported. Working with the provincial Ministry of Health, the region was able to achieve a modest surplus this year while maintaining efficient, effective, quality services. As the region continues to work toward regionalization, increasing efficiencies are being realized.

Future Outlook/Emerging Issues

The 2008-09 operating budget invests in additional resources to improve and enhance services in the areas of frontline service delivery, aboriginal employment, speech language pathology, information technology, mental health and addiction services, attendance and disability support and education and training while maintaining a balanced budget.

The health care industry has a high level of workplace injuries and incidents in comparison to all other industries. Proposed changes to *The Occupational Health & Safety Amendment Regulations* will create some challenges in the ability of regions to comply with provincial legislation. In order to recruit and retain the necessary human resources to carry out daily service delivery, employers must have visible safety programs and equipment in place. Greater emphasis is being placed on workplace safety.

Meeting new standards in infection prevention and control will be an ongoing challenge for the region. Work is currently ongoing in an effort to centralize Central Supply Reprocessing (CSR). KTHR has an Employee Health Nurse that assumes responsibility for infection control.

The regional healthcare workforce is aging. During 2007-08, 50 employees retired. An additional 83 were eligible to retire as per "Rule of 80" criteria but have continued working for the region. Approximately 38% of the region's workforce is 50 years of age and older.

The rate of turnover among Out-of-Scope personnel was higher than In-Scope affiliates in 2007-08. Recruitment and retention of OOS managers is an ongoing challenge as the result of increased workload demands, expanded supervisory responsibilities and salary compression. There has been an increasingly higher rate of the utilization of sick leave among OOS employees over this fiscal year.

To satisfy human resource needs into the future, retention strategies and an effective recruitment partnership involving communities and employees will be necessary. Retention strategies may include consideration for phased retirement, job sharing, flex-time scheduling, and alternate work week arrangements.

As part of the partnership in the Northern Health Strategy, KTHR is involved in a multi-party training agreement with Northlands College that would see a process to develop a long-term training agreement intended to maximize opportunities for the employment and advancement of northern people in northern health sector occupations initiated.

As part of the overall Quality Risk Management structure of the organization, the regional Patient Care & Safety Committee is working on development and implementation of standardized reporting processes to ensure pertinent and adequate patient care information is communicated consistently and accurately between health care workers to ensure safe patient care. Patient safety education for staff and the public is increasing.

A functional space and service review was undertaken and the information will provide the region with data for future program and service planning. The information takes into account the changing population-based over the next 15 years to the year 2021 with a view to the realignment of current space to ensure an optimal fit between future needs, staffing, projected population demographics and projected utilization. The region also participated in the provincial capital asset review study conducted by the province's Capital Asset Planning Branch utilizing VFA Canada. The results of this study are expected to provide the province and each health region with direction for future capital funding. Major capital projects will require the support of the Ministry of Health.

The health region is in the planning stages of a Regional Energy Management Plan. KTHR received approval from the Ministry of Health to proceed with a Letter of Intent with SaskEnergy Solutions to proceed with the development of a Regional Energy Performance Plan submission.

The 2005-06 provincial diabetes report reveals that KTHR has a Registered Indian diabetes incidence that is two times that of the provincial rate. The rate among the region's general population is about the same as the provincial rate. More Registered Indian females have diabetes than males. The number of people in KTHR with diagnosed diabetes in 2005-06 was 3,251. It is estimated that an additional one-third have the condition but remain undiagnosed.

Since 2003-04, the number of patient years of dialysis provided to residents of the health region has gradually increased in correlation with the regional increase in the diabetes crude prevalence rate. Kelsey Trail Health Region has the second highest crude prevalence rate in the province at a 76.6/1,000 population, a rate 23% higher than the provincial average. In partnership and with the support of the Ministry of Health, the region has responded to the increasing rates of diabetes with two expansions to the satellite hemodialysis unit at Tisdale Hospital since it opened in April of 1998. The region provides dialysis to 16 patients with an annual capacity for 2,496 dialysis treatments per year. As the region's incidence of chronic disease, and particularly diabetes, continues to increase demand for the services provided by the satellite dialysis unit in Tisdale is also expected to expand.

Six practice teams including physicians, Nurse Practitioners, Registered Dietitians, Diabetes Nurse Educators and Exercise Therapists are involved in the Chronic Disease Management (CDM) Collaborative for diabetes and Coronary Artery Disease (CAD) and are involved in group visits at clinics, foot assessment clinics, and patient self-management supports. Electronic CDM patient registries have been implemented in eight sites to track the care of people with chronic diseases such as diabetes, CAD and Chronic Obstructive Pulmonary Disease (COPD). Early outcome data suggests that many teams are making progress in helping patients manage their diabetes and CAD. There was a 24% improvement in patients targeting blood pressure in 12 months.

Chronic disease management continues to be a major focus in KTHR with continuation of strategies to address diabetes, hypertension, the overweight and obese, high rates of inactivity levels in the region, arthritis, sleep apnea, COPD and Asthma.

KTHR has been working toward expansion of the Telehealth network in conjunction with the Northern Telemental Health project. Telemental Health consultation and appointments with patients will begin when the operational guidelines have been established and the equipment is in place. The expansion will include Hudson Bay, Kelvington and Porcupine Plain.

Regional Telehealth services have expanded to include Acquired Brain Injury Speech Language services, ADAPT program for support and advice to clients undergoing hip and knee surgery, diabetes in pregnancy Telehealth clinics and a provincial satellite dialysis pilot in which the Saskatoon nephrology team provides consults with real-time heart and breath sounds to the dialysis site in Tisdale Hospital.

During 2007-08, 102 patients were seen at Telehealth sites within the health region. In total, 509 hours of professional health education and 100 hours of public health education were delivered in the region through Telehealth.

KTHR received funding from the Aboriginal Health Transition Fund (AHTF) to develop a proposal for community health education at Cumberland House. The next year will focus on continued needs assessment and collaboration with the community in the further development of programs. The Speech Language Pathologist and Early Childhood Psychologist are providing Early Childhood services to Cumberland House.

Although the region has increased the number of positions in therapies, vacancies continue in physiotherapy and occupational therapy. An improved access to therapies project is underway with the goal of decreasing the wait list by 50% in one year.

Communications infrastructure enables delivery of future solutions and future demands placed upon it by the region, health providers, vendors and the public. The costs of infrastructure improvements for the region are significant and there is limited funding available for the replacement and maintenance of IT equipment and infrastructure.

Diagnostic imaging equipment in a number of facilities is beyond its expected useful life and, on average ranges between 15 and 25 years old. Replacement is necessary to continue to provide safe, quality care to patients. KTHR has begun this process through participation in the provincial diagnostic service plan. Targeted provincial funding for diagnostic imaging equipment and community-generated donations through Foundations and Community Trust committees, has facilitated the region in the replacement of some equipment. KTHR anticipates future implementation of a Radiology Information System/Picture Archiving Communication System (RIS/PACS) in coordination with the provincial RIS/PACS solution.

A Ralston Brothers Medical Research Fund research project was launched that will assist KTHR in developing best practice guidelines for the most common mental health disorders in the region.

The compilation and publication of the 2003-04 Dental Health Screening Program report was completed this year. The report contained valuable information on the dental health care status of children in the Kelsey Trail Health Region. The report indicated a significant number of children in Kindergarten and Grade 1 with cavities who have no evidence of receiving dental care. It also

indicated the percentage of Kindergarten and Grade 1 children with Early Childhood Caries (ECC) decay on the primary anterior teeth that can progress quickly to other teeth and produce infection and pain, has increased significantly.

Among the most valuable information in the report was the evaluation of the "Paint A Happy Smile" Fluoride Varnish Program. Overall, children who participated in the fluoride varnish program showed significantly better dental health than those who did not and also demonstrated the benefit to all children, no matter the level of "risk". Through increased promotion, the health region hopes to increase the number of children who participate in this program. Kelsey Trail is the only health region in the province to offer fluoride varnish to all 3, 4 and 5 year old children.

Governance and Transparency

Kelsey Trail Regional Health Authority (KTRHA) was established on August 1, 2002 with the proclamation of *The Regional Health Services Act.*

As mandated by *The Regional Health Services Act*, twelve members serve the Kelsey Trail Regional Health Authority. Members of the RHA are appointed by the Minister of Health. Authority members for 2007-08 remain consistent with the previous year and include: Carol Hayward (chairperson), Dale Link (vice-chair), Robert Cheechoo, Carla Hipkins, Steve Rudy, Minnie Deutsch, Don DeMarsh, Darrel Guy, Kathleen Bedard, Lana Thompson, Marion Heavin and Cathy Ryan.

The RHA operates in accordance with the roles and responsibilities established by the Ministry of Health in the *Regional Accountability Document.* The RHA is responsible for the planning, organization, delivery and evaluation of the health services it is to provide within the region or any other areas as directed by the Minister. More specifically, the RHA is responsible for strategic planning, fiscal management and reporting; building and maintaining key relationships with stakeholders; quality management initiatives; monitoring, evaluation and reporting; and monitoring the management and performance of the Authority and the CEO.

The RHA functions primarily as a "committee of the whole". In 2007-08, three committees of the RHA were established - the Audit Finance, Quality and Governance committees. Ad hoc committees may be organized to deal with specific issues.

The CEO reports directly to the RHA regarding the general and daily operations of the health region. An Executive Management team, responsible for effective planning, integration and delivery of facility-based and community-based programs and services throughout the region, reports directly to the CEO. Senior Managers report directly to the Vice-Presidential portfolio they are accountable to.

Five Community Health Advisory Network (CHAN) groups were implemented in November of 2006. These networks represent the broad interests of the community to the board. CHAN groups exist for the purpose of providing the RHA with advice respecting the provision of health

services in the region or any portion of the region. They provide advice to the RHA in the areas of program and service development and delivery; health issues, needs and priorities; access to health services; and promotion of health.

Among the most important goals and objectives of the RHA, transparency and accountability are ensured through a variety of approaches and assist in maintaining an open dialogue with the public.

- The RHA holds regular monthly meetings that are open to the public. To provide an opportunity to involve members of the public who may attend, an open public forum is a regularly scheduled agenda item. The regular monthly meetings of the RHA are generally held at the Regional Office in Tisdale however, the RHA makes the effort to occasionally schedule these meetings in other communities throughout the region. Additional meetings may be organized according to identified need.
- *Kelsey Trail Regional Health Authority Highlights* focus on the deliberations and activities of the RHA. They are distributed monthly to media and staff and are posted to the region's external website. A quarterly newsletter entitled *KTHR Pulse* is distributed to stakeholders and staff and may also be accessed from the region's public website www.kelseytrailhealth.ca. A monthly employee newsletter entitled Coffee Break Conversations is circulated among regional staff and is accessible through the region's internal website.
- The region posts relevant information about its facilities, programs, services and activities on its public website. Similar information is posted to the region's internal website for staff. The development of the internal and external websites is ongoing as both sites are primary sources of communication with staff and the public for the RHA. Communication among staff has been further enhanced with the completion of the installation of staff computer kiosks in each facility within the region.
- The RHA has strengthened relationships with print and broadcast media throughout the region to facilitate the timely distribution of public information surrounding issues of regional importance and public safety.
- The RHA chairperson, CEO and other designated members of the health region are involved in presentations to municipal councils, community groups, partner agencies, community trust committees and/or foundations and the general public on an ongoing basis.
- The RHA approves development and distribution of the Annual Report in hard copy format as well as electronically through the region's public website at http://www.kelseytrailhealth.ca. The Annual Report is also accessible through the provincial Ministry of Health website at http://www.health.gov.sk.ca/kelsey-trail-health-region.

Payee List

Public reporting and tabling of the annual payee list holds the Regional Health Authority accountable for the public funds received. The payee disclosure list is provided to the public as a requirement of all Regional Health Authorities, and as part of the region's commitment to transparency and accountability.

Dollar amounts to individuals may include overtime payments; weekend, evening or other shift premiums; other premiums; and reimbursements for out-of-pocket expenses such as meals or travel.

According to *The Local Authority Freedom of Information and Protection of Privacy Act*, employee salaries are not considered personal information and are not exempt from public disclosure. The Kelsey Trail Regional Health Authority Payee Disclosure List for the fiscal year ended March 31, 2008 is posted to the Saskatchewan Health website at http://www.health.gov.sk.ca/kelsey-trail-health-region.

2007-08 Performance Management Summary (Indicator Tables)

In support of the objectives of the provincial Ministry of Health, Saskatchewan Health developed an *Accountability Framework* that defines and clarifies the performance relationship between regional health authorities (RHAs) and the province. The Accountability Documents articulate the Ministry's expectations (both high-level organizational and program-specific) of regions for the funding that is provided. The associated measures/indicators are used in assessing if regions met, or are progressing towards meeting, these expectations.

To demonstrate accountability and transparency to the public, these indicators are reported through this summary table in each region's annual report. For detailed indicator descriptions, please refer to the *Performance Management Accountability Indicators* document on the Saskatchewan Health website at http://www.health.gov.sk.ca/accountability.

Indicator	RHA Value	Provincial Value	Range	Target
Organizational Effectiveness Indicators				
Quality				
Date of last CCHSA accreditation or when accreditation is scheduled *as of March 2008*	April 2008 *(next scheduled date April 2010)*	*not applicable*	*not applicable*	*to be determined*
Date when the RHA participated in the Institute for Safe Medication Practices (ISMP) Canada "Hospital Medication Safety Self-Assessment", or when participation is planned *as of March 2008*	April 2007 *(next planned participation date April 2009)*	*not applicable*	*not applicable*	*to be determined*
Number of client contacts with the Quality of Care Coordinator to raise a concern *2006/2007*	100	*not applicable*	*not applicable*	*not applicable*
Percentage of concerns raised with a Quality of Care Coordinator concluded within 30 days *2006/2007*	83%	86%	52% – 99%	*to be determined*

Indicator		RHA Value	Provincial Value	Range	Target
Workforce Planning					
Distribution of health system full time equivalents (FTEs) by affiliation *2007/2008*	Provider Unions (CUPE, SEIU, SGEU)	799.63	*not applicable*	*not applicable*	*not applicable*
	HSAS	51.81			
	OOS/OTHER[1]	109.07			
	SUN	183.99			
	RWDSU[2]	*not applicable*			
	Organization as a whole	1,144.50			
Number of wage-driven premium hours (overtime and other premiums) per full time equivalent (FTE) by affiliation *2007/2008*	Provider Unions (CUPE, SEIU, SGEU)	18.53	45.68	18.53 – 91.96	*to be determined*[3]
	HSAS	10.36	23.72	0.10 – 131.05	*to be determined*[3]
	OOS/OTHER[1]	0.78	3.41	0.21 – 13.02	*to be determined*[3]
	SUN	44.79	84.78	32.83 – 351.02	*to be determined*[3]
	RWDSU[2]	*not applicable*	*not applicable*	*not applicable*	*to be determined*[3]
	Organization as a whole	20.69	48.46	18.95 – 131.14	*to be determined*[3]
Worked hours as a percentage of total hours by affiliation *2007/2008*	Provider Unions (CUPE, SEIU, SGEU)	79.1%	77.3%	73.3% – 80.2%	*to be determined*[3]
	HSAS	81.6%	79.9%	73.0% – 81.6%	*to be determined*[3]
	OOS/OTHER[1]	82.2%	81.8%	75.0% – 84.2%	*to be determined*[3]
	SUN	76.1%	74.0%	65.8% – 76.8%	*to be determined*[3]
	RWDSU[2]	*not applicable*	*not applicable*	*not applicable*	*to be determined*[3]
	Organization as a whole	79.0%	77.2%	72.5% – 79.9%	*to be determined*[3]

Indicator		RHA Value	Provincial Value	Range	Target
Number of sick leave hours per full time equivalent (FTE) by affiliation *2007/2008*	Provider Unions (CUPE, SEIU, SGEU)	77.65	89.48	70.26 – 108.76	*to be determined*[3]
	HSAS	50.61	68.08	50.61 – 108.78	*to be determined*[3]
	OOS/OTHER[1]	48.47	50.23	41.95 – 70.10	*to be determined*[3]
	SUN	68.22	89.48	52.15 – 94.79	*to be determined*[3]
	RWDSU[2]	*not applicable*	*not applicable*	*not applicable*	*to be determined*[3]
	Organization as a whole	72.13	84.35	65.01 – 100.96	*to be determined*[3]
Number of lost-time WCB claims per 100 full time equivalents (FTEs) *2007/2008*		6.03	7.12	0.00 – 9.02	*to be determined*[3]
Number of lost-time WCB days per 100 full time equivalents (FTEs) *2007/2008*		490.96	451.26	0.00 – 677.35	*to be determined*[3]
Percentage of employees self-identifying as Aboriginal *2005/2006*[4]		1.8%	*not available*	*not applicable*	*to be determined*
Financial					
Surplus (deficit)[30] *2007/2008*		$480,909	*not applicable*	($3,782,174) – $5,674,918	$0
Surplus (deficit) as a percentage of actual operating expenditures[30] *2007/2008*		0.5%	*not applicable*	(2.6%) – 1.6%	0.0% – 0.5%
Working capital ratio (current ratio)[30] *2007/2008*		1.50	*not applicable*	0.31 – 1.80	*to be determined*
Number of days able to operate with working capital[30] *2007/2008*		(3.46)	*not applicable*	(62.32) – 39.28	*to be determined*
Communications and Issues Management					
Key activities undertaken by RHA to address public confidence reported *2007/2008* *[yes/no indicator]*	Q1	Yes	*not applicable*	*not applicable*	significant activity is expected annually, but need not be reflected quarterly
	Q2	Yes			
	Q3	Yes			
	Q4	Yes			

Indicator		RHA Value	Provincial Value	Range	Target
Program-Specific Indicators					
Province-Wide Services					
Number of patients as a percentage of agreed on target for magnetic resonance imaging (MRI) services[5] *2007/2008*		*not applicable*	93.6%	89.4% – 97.1%	100%
Number of exams as a percentage of agreed on target for magnetic resonance imaging (MRI) services[5] *2007/2008*		*not applicable*	98.3%	88.9% – 103.3%	100%
Number of actual hours of operation for magnetic resonance imaging (MRI) services[5] *2007/2008*		*not applicable*	*not applicable*	*not applicable*	*to be determined*
Number of patients as a percentage of agreed on target for computed tomography (CT) services[6] *2007/2008*		*not applicable*	101.9%	92.0% – 155.6%	100%
Number of exams as a percentage of agreed on target for computed tomography (CT) services[6] *2007/2008*		*not applicable*	103.6%	75.8% – 139.2%	100%
Number of actual hours of operation for computed tomography (CT) services[6] *2007/2008*		*not applicable*	*not applicable*	*not applicable*	*to be determined*
Number of patients as a percentage of agreed on target for bone mineral densitometry (BMD) services[5] *2007/2008*		*not applicable*	84.7%	81.5% – 88.7%	100%
Number of actual hours of operation for bone mineral densitometry (BMD) services[5] *2007/2008*		*not applicable*	*not applicable*	*not applicable*	*to be determined*
Number of patient years of dialysis provided in the current fiscal year[7] *2007/2008*	Peritoneal	–	*not applicable*	*not applicable*	*to be determined*
	Hemodialysis	15.56			*to be determined*
	Total	15.56			*to be determined*

Indicator		RHA Value	Provincial Value	Range	Target
Current fiscal year's chronic kidney disease services levels as compared to previous fiscal year's levels[8] *As at December 31, 2007*	Number of chronic renal insufficiency patients	*not applicable*	*not applicable*	*not applicable*	*to be determined*
	Number of peritoneal dialysis patients				
	Number of home unit chronic hemodialysis patients				
	Number of north/south chronic hemodialysis patients				
	Number of people living with a kidney transplant				
Average wait time for admission to Saskatchewan Hospital North Battleford (SHNB)[9] (in days) *2006/2007*		*not applicable*	*not applicable*	*not applicable*	*to be determined*
Length of stay efficiency of inpatient rehabilitation programs – Wascana Rehabilitation Centre and Saskatoon City Hospital[10] *2006/2007*	Stroke	*not applicable*	*not applicable*	*not applicable*	*to be determined*
	Brain Dysfunction				
	Spinal Cord Dysfunction				
	Orthopaedic Conditions				
	Neurological Conditions				
	Amputation of Limb				
	Major Multiple Trauma				
	Medically Complex				
	Debility				
	Cardiac				
	Pulmonary				
	Arthritis				
	Pain Syndrome				
	Other				
Alcohol and drug inpatient treatment completion rate per 100 admissions – Calder Centre[11] *2006/2007*	Child / Youth	*not applicable*	*not applicable*	*not applicable*	*to be determined*
	Adult				

Indicator		RHA Value	Provincial Value	Range	Target
Total number of patients seen at Telehealth sites within the RHA *2007/2008*		102	*not applicable*	*not applicable*	*to be determined*
Total number of hours of professional health education via Telehealth *2007/2008*		509	*not applicable*	*not applicable*	*to be determined*
Total number of hours of public health education via Telehealth *2007/2008*		100	*not applicable*	*not applicable*	*to be determined*
Total number of hours of professional health education events provided by the RHA via Telehealth *2007/2008*		*not applicable*	*not applicable*	*not applicable*	*to be determined*
Total number of hours of public health education events provided by the RHA via Telehealth *2007/2008*		*not applicable*	*not applicable*	*not applicable*	*to be determined*
Acute Care					
Number and percentage of surgical cases on wait list that have already waited over 6 months[12] *2007/2008*	Number	*value suppressed*	*not applicable*	*not applicable*	*not applicable*
	Percentage	*value suppressed*	39.9%	6.9% – 47.0%	*to be determined*
Number and percentage of surgical cases on wait list that have already waited over 12 months[12] *2007/2008*	Number	0	*not applicable*	*not applicable*	*not applicable*
	Percentage	0.0%	18.9%	0.0% – 23.1%	10%
Number and percentage of surgical cases on wait list that have already waited over 18 months[12] *2007/2008*	Number	0	*not applicable*	*not applicable*	*not applicable*
	Percentage	0.0%	9.2%	0.0% – 11.7%	0%
Percentage of Priority Level I, II, III and IV surgical cases completed within target time frames[12] *2007/2008*	Priority Level I within 3 weeks	81.0%	60.4%	47.4% – 95.4%	95%
	Priority Level II within 6 weeks	93.3%	44.0%	32.0% – 95.1%	90%
	Priority Level III within 3 months	98.5%	67.8%	48.6% – 99.1%	90%
	Priority Level IV within 12 months	100.0%	89.2%	83.4% – 100.0%	90%
Cumulative number of surgical cases performed as a percentage of target and variance from target[12] *2007/2008*	Percentage of target	98.0%	99.4%	92.2% – 114.6%	100%
	Variance from target	-23	*not applicable*	*not applicable*	*not applicable*

Indicator		RHA Value	Provincial Value	Range	Target
Institutional Supportive Care					
Prevalence of pressure sores: percentage of institutional supportive care residents with pressure sores[13] *as at the end of Q2 2007/2008*		–	–	–	*to be determined*
Case mix index for institutional supportive care facilities[13] *as at the end of Q2 2007/2008*		0.790	0.782	0.748 – 0.811	*to be determined*
Population Health Services					
Percentage of off reserve schools that are implementing healthy food / nutrition policies *as of September 1, 2007*		3.2	21.2	0.0 – 84.3	60% of schools by September 2011
Percentage of eligible population registered in SIMS and receiving recommended immunization at second birthday[14] *July 1, 2006 to June 30, 2007*	Diphtheria	77.0	69.8	53.3 – 85.7	*to be determined*
	Measles	77.0	69.5	53.3 – 82.1	
Influenza immunization rate per 100 population (age 65 years and over) *2006/2007*		57%	63%	52% – 70%	*to be determined*
Percentage of licensed or regulated facilities inspected each year (pursuant to *The Public Health Act, 1994*) *2007/2008*	FEE – Food Eating Establishment	100	*not applicable*	68 – 100	80% – 100%
	FPL – Food Processing (Licensed)	100	*not applicable*	50 – 100	
	LA – Licensed Accommodations	100	*not applicable*	46 – 100	
	SP – Swimming Pools	100	*not applicable*	55 – 100	
	Public Water Supplies	100	*not applicable*	43 – 100	
Percentage of facilities in compliance with *The Tobacco Control Act* in the category that includes: billiard halls / bingo establishments / bowling centres / casinos / restaurants / taverns[15] *2007/2008*		98.6%	96.7%	84.1% – 100.0%	90% compliance
Percentage of population (age 12 years and over) who are current (daily or occasional) smokers[15] *2005*[16]	Males	24.35	25.13	19.95 – 41.75	*to be determined*
	Females	27.17	23.30	16.36 – 32.31	

Indicator		RHA Value	Provincial Value	Range	Target
Number of new diabetes cases (incidence) and existing (old and new) diabetes cases (prevalence) per 1,000 population *2005/2006*	Incidence	6.2	5.4	1.3 – 7.3	*to be determined*
	Prevalence	76.6	62.0	17.3 – 81.4	
Percentage of increase in needle exchange rates over previous year[17] *2006/2007*		*not applicable*	11.2%	-42.2% – 170.6%	*to be determined*
Community Care Services					
Alcohol and drug outpatient treatment completion rate per 100 admissions *2006/2007*		58.2%	57.9%	34.7% – 73.9%	*to be determined*
Average wait time for admission to alcohol and drug outpatient services[18] (in days) *2007/2008*		11.6	*not applicable*	*not applicable*	*to be determined*
Primary Health Services					
Percentage of RHA population with geographic proximity to primary health care teams *March 2008*		62.87%	27.08%	9.33% – 100.00%	25% of SK residents by 2006, 100% by 2011
Number of discrete clients receiving primary health care services in the RHA *2007/2008*	Q1	7,807	*not applicable*	*not applicable*	*not applicable*
	Q2	6,351			
	Q3	7,581			
	Q4	10,800			
Number of persons receiving a service from HealthLine for the RHA *2007/2008*	Q1	1,105	*not applicable*	*not applicable*	*not applicable*
	Q2	1,093			
	Q3	957			
	Q4	975			
	Year as a whole	4,130			
Number of new (in development and established) and enhanced primary health care teams for the current year *2007/2008*	New teams in development	0	*not applicable*	*not applicable*	*not applicable*
	New teams established	1			
	Enhanced teams	0			
Emergency Response Services					
Percentage of calls where the maximum qualification of all personnel on the call was less than Emergency Medical Technician (EMT) *2006/2007*		0.56%	0.76%	0.00% – 10.10%	*to be determined*

Indicator		RHA Value	Provincial Value	Range	Target
Mental Health and Addiction Services					
Average daily census (ADC), occupancy rates, and average length of stay (ALOS) for mental health inpatient services[19] *2006/2007*	ADC	*not applicable*	173	5 – 51	*to be determined*
	Occupancy rate	*not applicable*	75.7%	52.5% – 91.7%	*to be determined*
	ALOS	*not applicable*	15.1	10.2 – 19.1	*to be determined*
Percentage of mental health inpatient separations where readmission occurred within 7 days[19] *2006/2007*		*not applicable*	4.9%	1.2% – 9.2%	*to be determined*
Alcohol and drug inpatient treatment completion rate per 100 admissions[20] *2006/2007*		*not applicable*	73.2%	55.1% – 77.6%	*to be determined*
Average wait time for admission to alcohol and drug inpatient services[18,21] (in days) *2007/2008*		*not applicable*	*not applicable*	*not applicable*	*to be determined*
Average wait time for admission to alcohol and drug detoxification services[18,22] (in days) *2007/2008*		*not applicable*	*not applicable*	*not applicable*	*to be determined*
Average wait time for admission to alcohol and drug stabilization services[18,23] (in days) *2007/2008*		*not applicable*	*not applicable*	*not applicable*	*to be determined*
Average wait time for admission to alcohol and drug long term residential treatment services[18,24] (in days) *2007/2008*		*not applicable*	*not applicable*	*not applicable*	*to be determined*
Program Support Services					
Expenditures in program support funding pool as a percentage of total RHA operating expenditures[20] *2007/2008*		5.2%	*not applicable*	4.0% – 10.8%	12% for Mamawetan Churchill River and Keewatin Yatthé; 5% for all other RHAs
Health Status and Outcome Indicators					
Infant mortality rate per 1,000 live births[25] *2002-2004*		8.1	5.9	4.0 – 10.5	*to be determined*
Low birth weight rate per 100 live births[25] *2002-2004*		5.3	5.4	3.7 – 6.0	*to be determined*
High birth weight rate per 100 live births[25] *2002-2004*		20.6	15.7	12.9 – 31.1	*to be determined*

Indicator		RHA Value	Provincial Value	Range	Target
Potential years of life lost per 100,000 population (age 0 to 74 years)[15] *2001[26]*	Circulatory Diseases	1,167.5	951.5	817.9 – 1,208.9	*to be determined*
	All Malignant Neoplasms	1,457.2	1,483.1	1,126.0 – 1,706.8	
	All Respiratory Diseases	376.5	222.9	63.5 – 376.5	
	Unintentional Injuries	1,376.5	1,028.0	636.4 – 2,781.8	
	Suicide and Self-Inflicted Injuries	539.0	412.1	315.1 – 628.5	
Disability-free life expectancy (at birth)[15] *1996[27]*	Males	67.6	66.6	61.8 – 69.2	*to be determined*
	Females	71.0	70.0	63.2 – 72.5	
Disability-free life expectancy (at age 65 years)[15] *1996[27]*	Males	12.1	11.2	8.7 – 12.1	*to be determined*
	Females	12.6	12.7	8.4 – 13.2	
Life expectancy (at birth)[15] *2001[28]*	Males	75.6	76.2	72.1 – 78.2	*to be determined*
	Females	82.5	81.8	76.1 – 82.8	
Life expectancy (at age 65 years)[15] *2001[28]*	Males	17.2	16.9	15.6 – 18.0	*to be determined*
	Females	21.6	20.9	17.2 – 21.8	
Self-rated health status: percentage of population (age 12 years and over) who report their health as very good or excellent[15] *2005[16]*		48.35	52.35	39.86 – 57.96	*to be determined*
Percentage of population (age 18 to 64 years) who are overweight or obese[15] *2005[16]*	Overweight (BMI 25.0-29.9)	35.34	32.52	30.53 – 36.12	*to be determined*
	Obese (BMI 30.0+)	21.17	20.03	16.88 – 24.19	
Percentage of population (age 12 years and over) who report physical activity participation levels of active / moderately active or inactive[15] *2005[16]*	Active / moderately active	51.84	48.62	38.60 – 53.35	*to be determined*
	Inactive	46.02	49.52	44.06 – 58.77	
Number of visits to a physician for a mental health reason *2006/2007*	General Practitioners	12,394	*not applicable*	*not applicable*	*not applicable*
	Psychiatrists	2,114			
Age-sex adjusted diabetes prevalence rate per 1,000 population[29] *2005/2006*		63.0	*not applicable*	44.3 – 101.7	*to be determined*

Indicator		RHA Value	Provincial Value	Range	Target
Injury hospitalization rate per 1,000 population (age 0 to 19 years) *2005/2006*	Males	12.8	10.6	7.2 – 17.7	*to be determined*
	Females	9.1	7.0	5.0 – 14.2	
Hospitalization rate due to falls per 1,000 population (age 65 years and over) *2005/2006*	Males	16.3	14.3	8.6 – 35.3	*to be determined*
	Females	27.7	26.4	21.7 – 39.9	

Management Report

May 21, 2008

KELSEY TRAIL HEALTH REGION
REPORT OF MANAGEMENT

The accompanying financial statements are the responsibility of management and are approved by the Kelsey Trail Regional Health Authority. The financial statements have been prepared in accordance with Canadian Generally Accepted Accounting Principles and the Financial Reporting Guide issued by Saskatchewan Health, and of necessity include amounts based on estimates and judgments. The financial information presented in the annual report is consistent with the financial statements.

Management maintains appropriate systems of internal control, including policies and procedures, which provide reasonable assurance that the Region's assets are safeguarded and the financial records are relevant and reliable.

The Authority delegates the responsibility of reviewing the financial statements and overseeing Management's performance in financial reporting to the **Audit Finance** Committee. The **Audit Finance** Committee meets with the Authority, Management and the external auditors to discuss and review financial matters and recommends the financial statements to the Authority for approval. The Authority approves the annual report and, with the recommendation of the **Audit Finance** Committee, approves the financial statements.

The appointed auditor conducts an independent audit of the financial statements and has full and pen access to the *Finance/Audit Committee*. The auditor's report expresses an opinion on the fairness of the financial statements prepared by Management.

Glen Kozak
Chief Executive Officer

Shane Merriman
Vice President
Finance & Information Services

2007-2008 Financial Report

NeuPath Group, PC Inc.
Chartered Accountants

To the Board of Directors
Kelsey Trail Regional Health Authority

AUDITORS' REPORT

We have audited the Statement of Financial Position of the **Kelsey Trail Regional Health Authority as at March 31, 2008** and the Statements of Operations and Changes in Fund Balances and Cash Flows for the year then ended. These financial statements are the responsibility of the Health Authority's management. Our responsibility is to express an opinion on these financial statements based on our audit.

We have conducted our audit in accordance with Canadian generally accepted auditing standards. Those standards require that we plan and perform an audit to obtain reasonable assurance whether the financial statements are free of material misstatement. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements. An audit also includes assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall financial statement presentation.

In our opinion, these financial statements present fairly, in all material respects, the financial position of the Kelsey Trail Regional Health Authority as at March 31, 2008 and the results of its operations and the changes in its financial position for the year then ended in accordance with Canadian generally accepted accounting principles.

NeuPath Group
Chartered Accountants

Nipawin, Saskatchewan
May 21, 2008

KELSEY TRAIL REGIONAL HEALTH AUTHORITY
STATEMENT OF FINANCIAL POSITION
As at March 31, 2008

Statement 1

	Restricted Funds				
	Operating Fund	Capital Fund	Community Trust Fund	Total 2008	Total 2007
ASSETS					
Current assets					
Cash and short-term investments (Statement 3)	$ 6,281,147	$ 3,261,544	$ 3,289,163	$ 12,831,854	$ 10,552,118
Accounts receivable					
Saskatchewan Health - General Revenue Fund	11,507	151,184	-	162,691	666,184
Other	699,032	352,625	-	1,051,657	867,501
Inventory	483,754	-	-	483,754	464,576
Prepaid expenses	774,251	-	-	774,251	1,057,033
	8,249,691	3,765,353	3,289,163	15,304,207	13,607,412
Investments	1,000,000	-	-	1,000,000	1,007,782
Other Assets	29,654	-	-	29,654	29,036
Capital assets (Note 3)	-	44,021,835	-	44,021,835	45,537,237
Total Assets	$ 9,279,345	$ 47,787,188	$ 3,289,163	$ 60,355,696	$ 60,181,467
LIABILITIES & FUND BALANCE					
Current liabilities					
Accounts payable	$ 2,989,622	$ 176,901	$ -	$ 3,166,523	$ 3,639,201
Accrued salaries	288,221	-	-	288,221	-
Vacation payable	5,334,149	-	-	5,334,149	5,182,104
Mortgages payable – Current (Note 5)	-	432,188	-	432,188	408,713
Deferred Revenue (Note 6)	1,045,173	-	-	1,045,173	586,302
	9,657,165	609,089	-	10,266,254	9,816,320
Long term liabilities					
Long Term Leases payable	-	-	-	-	-
Mortgages payable (Note 5)	-	9,091,430	-	9,091,430	9,531,210
Total Liabilities	9,657,165	9,700,519	-	19,357,684	19,347,530
Fund Balances:					
Invested in capital assets	-	34,498,217	-	34,498,217	35,597,316
Externally restricted (Schedule 3)	-	1,600,670	3,289,163	4,889,833	3,992,741
Internally restricted (Schedule 4)	-	1,987,782	-	1,987,782	1,945,497
Unrestricted	(377,821)	-	-	(377,821)	(701,617)
Fund balances – (Statement 2)	(377,821)	38,086,669	3,289,163	40,998,012	40,833,937
Total Liabilities & Fund Balances	$ 9,279,345	$ 47,787,188	$ 3,289,163	$ 60,355,696	$ 60,181,467

Approved on behalf of the board of directors:

Carol Hayward

Dale

(See accompanying notes to the financial statements)

KELSEY TRAIL REGIONAL HEALTH AUTHORITY
STATEMENT OF OPERATIONS AND CHANGES IN FUND BALANCES
For the Year Ended March 31, 2008

Statement 2

	Operating Fund			Restricted			
	Budget 2008 (Note 12)	2008	2007	Capital Fund 2008	Community Trust Fund 2008	Total 2008	Total 2007
REVENUES							
Saskatchewan Health - General	$ 77,557,706	$ 78,396,865	$ 72,458,555	$ 2,356,671	$ -	$ 2,356,671	$ 1,823,060
Other Provincial	474,660	495,260	391,048	344,102	-	344,102	335,607
Federal Government	32,956	19,940	36,798	-	-	-	-
Funding from other Provinces	-	-	-	-	-	-	-
Special Funded Programs	772,837	639,778	702,348	-	-	-	-
Patient Fees	7,741,102	7,564,068	7,487,465	-	-	-	-
Out of Province (Reciprocal)	402,441	502,423	389,232	-	-	-	-
Out of Country	23,928	19,347	21,197	-	-	-	-
Donations	30,000	13,213	26,996	1,295,347	586,323	1,881,670	508,521
Investment	300,000	410,051	327,240	108,896	168,001	276,897	293,382
Ancillary	519,089	601,381	544,165	-	-	-	-
Recoveries	307,765	292,277	301,297	-	-	-	-
Other	117,900	161,013	91,554	-	-	-	-
	88,280,385	89,115,616	82,777,895	4,105,016	754,324	4,859,340	2,960,570
EXPENSES							
Province Wide Acute Care Services	690,976	714,382	722,132	-	-	-	-
Acute Care Services	29,168,003	29,348,008	27,651,968	1,612,032	61,100	1,673,132	1,802,323
Physician Compensation - Acute	1,364,907	1,459,184	1,116,401	-	-	-	-
Supportive Care Services	30,567,275	30,728,993	29,246,233	2,784,545	4,146	2,788,691	2,743,772
Home Based Service - Supportive Care	5,203,949	5,229,067	5,000,508	4,825	-	4,825	5,105
Population Health Services	3,310,421	3,495,551	3,335,176	16,970	-	16,970	18,069
Community Care Services	3,089,450	3,100,930	2,655,331	-	-	-	-
Home Based Services - Acute & Palliative	552,290	528,130	499,623	-	-	-	-
Primary Health Care Services	3,080,427	2,887,171	2,644,679	485,957	589	486,546	468,012
Emergency Response Services	2,562,367	2,883,387	2,505,134	50,313	-	50,313	50,162
Mental Health Services - Inpatient/Residential	-	-	-	-	-	-	-
Addictions Services - Residential	-	-	-	-	-	-	-
Physician Compensation - Community	3,038,113	2,970,425	1,990,939	-	-	-	-
Program Support Services	4,793,388	4,572,050	4,353,551	155,697	-	155,697	167,106
Special Funded Programs	833,486	717,429	630,059	-	-	-	-
Ancillary	-	-	-	-	-	-	-
Total Expenses (Schedule 1)	88,255,053	88,634,707	82,351,734	5,110,339	65,835	5,176,174	5,254,550
Excess (Deficiency) of revenues over expenses	$ 25,332	480,909	426,161	(1,005,323)	688,489	(316,834)	(2,293,980)
Fund balances, beginning of year		(701,617)	(1,040,945)	38,518,782	3,016,771	41,535,553	43,742,701
Interfund transfers (Note 14)		(157,113)	(86,833)	573,210	(416,097)	157,113	86,833
Fund balances, end of year		$ (377,821)	$ (701,617)	$ 38,086,669	$ 3,289,163	$ 41,375,832	$ 41,535,554

(See accompanying notes to the financial statements)

KELSEY TRAIL REGIONAL HEALTH AUTHORITY
STATEMENT OF CASH FLOW
For the Year Ended March 31, 2008

Statement 3

	Operating Fund		Restricted Fund			
	2008	2007	Capital Fund	Community Trust Fund	Total 2008	Total 2007
Cash Provided by (used in):	**Operating Activities**		**Financing and Investing Activities**			
Excess (deficiency) of revenue over expenditure	$ 480,909	$ 426,161	$ (1,005,323)	$ 688,489	$ (316,834)	$ (2,293,980)
Net change in non-cash working capital (Note 7)	1,135,096	989,586	(125,695)	-	(125,695)	55,793
Amortization of capital assets	-	-	4,606,918	-	4,606,918	4,677,408
Investment income on long-term investments	-	-	-	-	-	-
Gain/(loss) on disposal of capital assets	-	-	1,000	-	1,000	-
	1,616,005	1,415,747	3,476,900	688,489	4,165,389	2,439,220
Purchase of capital assets						
Buildings/construction	-	-	(706,924)	-	(706,924)	(449,685)
Equipment	-	-	(2,384,592)	-	(2,384,592)	(1,412,443)
Proceeds on disposal of capital assets						
Buildings	-	-	-	-	-	-
Equipment	-	-	(1,000)	-	(1,000)	-
Sale (Purchase) of long-term investments	(966,246)	(2,128)	326,174	647,234	973,408	162,157
	(966,246)	(2,128)	(2,766,342)	647,234	(2,119,108)	(1,699,971)
Repayment of debt	-	-	(416,305)	-	(416,305)	(393,897)
Net increase (decrease) in cash & short term investments during the year	649,759	1,413,619	294,253	1,335,723	1,629,976	345,353
Cash & short term investments, beginning of year	5,788,500	4,461,714	2,394,081	2,369,537	4,763,618	4,331,432
Interfund transfers (Note 14)	(157,113)	(86,833)	573,210	(416,097)	157,113	86,833
Cash & short term investments, end of year (Schedule 2)	$ 6,281,147	$ 5,788,500	$ 3,261,544	$ 3,289,163	$ 6,550,707	$ 4,763,618
Amounts in cash balances						
Cash & short term investments	$ 6,281,147	$ 5,788,500	$ 3,261,544	$ 3,289,163	$ 6,550,707	$ 4,763,618

(See accompanying notes to the financial statements)

KELSEY TRAIL REGIONAL HEALTH AUTHORITY
NOTES TO THE FINANCIAL STATEMENTS
As at March 31, 2008

1. Legislative Authority

On August 1, 2002, the Legislative Assembly passed *The Regional Health Services Act* (The Act). The Act created the Regional Health Authorities for the purpose of governing the delivery of health services as well as establishing and governing Health Regions in the province of Saskatchewan. The Kelsey Trail Regional Health Authority was created by The Act and is responsible for the planning, organization, delivery, and evaluation of health services it is to provide within the geographic area known as the Kelsey Trail Health Region, under Section 27 of The Act.

The Kelsey Trail Regional Health Authority is a non-profit organization and is not subject to income and property taxes from the federal, provincial and municipal levels of government.

2. Significant Accounting Policies

These financial statements are prepared in accordance with Canadian generally accepted accounting principles and include the following significant accounting policies.

a) Health Care Organizations

The RHA has agreements with and grants funding to the following Community Based Organizations (CBOs) and third parties to provide health services:

Nipawin Oasis Community Centre Co-operative Ltd.
Kelvington Ambulance Care Ltd.
Tisdale Ambulance Care Ltd.
Shamrock Ambulance Care Ltd.
North East EMS
Melfort Ambulance Service
Quill Plains Ambulance Care Ltd.

Note 9 b) i) provides disclosure of payments to CBOs and third parties.

b) Fund Raising Foundations

The Nipawin Region Health Foundation Inc. and the North Central Health Care Foundation Inc. are incorporated under *The Non-Profit Corporations Act* and are registered charities under *The Income Tax Act*.

Under the Foundations' Articles of Incorporation, all funds raised by the Foundation after payments of reasonable expenses must be paid to the RHA (or must be used to purchase and transfer assets to the RHA, for the purpose to provide health care services.)

These financial statements do not include the financial activities of the two Foundations. Alternatively, Note 9 b) ii) provides supplementary information of the Foundations.

c) Fund Accounting

The accounts of the RHA are maintained in accordance with the restricted fund method of accounting for contributions. For financial reporting purposes, accounts with similar characteristics have been combined into the following major funds:

i) Operating Fund

The operating fund reflects the primary operations of the RHA including revenues received or receivable for provision of health services from Saskatchewan Health - General Revenue Fund, and billings to patients, clients, the federal government and other agencies for patient and client services. Other revenue consists of donations, recoveries and ancillary revenue. Expenses are for the delivery of health services.

ii) Capital Fund

The capital fund is a restricted fund that reflects the equity of the RHA in capital assets after taking into consideration any associated long-term debt. The capital fund includes revenues received or receivable from Saskatchewan Health – General Revenue Fund designated for the construction of capital projects and/or the acquisition of capital assets. The capital fund also includes donations designated for capital purposes by the contributor. Expenses consist primarily of amortization of capital assets.

iii) Community Trust Fund

The community trust fund is a restricted fund that reflects community-generated assets transferred to the RHA in accordance with the pre-amalgamation agreements signed with the amalgamating health corporations. The assets include cash and investments initially accumulated by the health corporations in the RHA from donations or municipal tax levies. These assets are accounted for separately and use of the assets is subject to restrictions set out in the pre-amalgamation agreements between the RHA and the health corporations.

d) Revenue

Unrestricted contributions are recognized as revenue in the Operating Fund in the year received or receivable if the amount to be received can be reasonably estimated and collection is reasonably assured.

Restricted contributions related to general operations are recorded as deferred revenue and recognized as revenue of the Operating Fund in the year in which the related expenses are incurred. All other restricted contributions are recognized as revenue of the appropriate restricted fund in the year.

e) Capital assets

Capital assets are recorded at cost. Normal maintenance and repairs are expensed as incurred. Capital assets, with a life exceeding one year, are amortized on a straight-line basis over their estimated useful lives as follows:

Land improvements	1 - 20%
Buildings	2.5 - 10%
Equipment	3 – 33.33%

Donated capital assets are recorded at their fair value at the date of contribution (if fair value can be reasonably determined).

f) Inventory

Inventory consists of general stores and pharmacy. All inventories are valued at cost as determined on a weighted average cost basis.

g) Investments

Investments are recorded at fair value.

h) Pension

Employees of the RHA participate in several multi-employer defined benefit pension plans or a defined contribution plan. The RHA follows defined contribution plan accounting for its participation in the plans. Accordingly the RHA expenses all contributions it is required to make in the year.

i) Measurement Uncertainty

These financial statements have been prepared by management in accordance with Canadian generally accepted accounting principles. In the preparation of financial statements, management makes various estimates and assumptions in determining the reported amounts of assets and liabilities, revenues and expenses and in the disclosure of commitments and contingencies. Changes in estimates and assumptions will occur based on the passage of time and the occurrence of certain future events. The changes will be reported in earnings in the period in which they become known.

j) Financial Instruments

The RHA is exposed to financial risks as a result of financial instruments. The risks the RHA is exposed to are:

i) Price risks which include: Currency risk, affected by changes in foreign exchange rates; Interest rate risk, affected by changes in market interest rates; and Market risk, affected by changes in market prices, whether those changes are caused by factors specific to the individual instrument or the issuer or factors affecting all instruments traded in the market.

ii) Credit risk is the risk that one party to a financial instrument will fail to discharge an obligation and cause the other party to incur a financial loss.

iii) Liquidity risk is the risk that an entity will encounter difficulty in raising funds to meet commitments associated with financial instruments. This may result from an inability to sell a financial asset quickly at close to its fair value.

iv) Cash flow risk is the risk that future cash flows associated with a monetary financial instrument will fluctuate in amount.

See Note 13 for additional information on financial instruments.

k) Replacement Reserves

The RHA is required to maintain certain replacement reserves as a condition of receiving subsidy assistance from Saskatchewan Housing Corporation. Schedule 4 shows the changes in these reserve balances during the year.

3. Capital Assets

	March 31, 2008			March 31, 2007
	Cost	Accumulated Amortization	Net Book Value	Net Book Value
Land	$ 639,590	$ -	$ 639,590	$ 639,590
Land Improvements	642,929	558,118	84,811	96,315
Buildings	89,159,916	51,723,546	37,436,370	39,922,637
Equipment	29,215,819	23,440,947	5,774,872	4,608,005
Construction in progress	86,192		86,192	270,690
	$ 119,744,446	$ 75,722,611	$ 44,021,835	$ 45,537,237

4. Commitments

a) As at March 31, 2008, commitments for acquisition of capital assets were $0 (2007 - $0).

b) Operating Leases

Minimum annual payments under operating leases on property and equipment over the next four years are as follows:

2009	$78,245
2010	78,245
2011	69,986
2012	12,034

5. Mortgages Payable

Title of Issue	Interest Rate	Annual Repayment Terms	Balance Outstanding 2008	2007
Hudson Bay Health Care Facility				
C.M.H.C., due December 1, 2016	5.38%	$10,350 Principal & interest	$ 72,302	$ 78,625
C.M.H.C., due January 1, 2023	7.00%	$2,823 Principal & interest	26,154	27,135
Rose Valley Health Centre				
C.M.H.C., due October 1, 2021	4.54%	$43,335 Principal & interest Of which $11,063 is subsidized by SHC. Yielding an effective interest rate of 3.38%. Mortgage renewal date – February 1, 2015.	439,776	462,719

5. Mortgages Payable – continued

Newmarket Manor				
C.M.H.C., due March 1, 2023	4.54%	$160,042 Principal & interest Of which $41,658 is subsidized by SHC. Yielding an effective interest rate of 3.36%. Mortgage renewal date – February 1, 2015.	$ 1,743,212	$ 1,822,704
Sasko Park Lodge				
C.M.H.C., due January 1, 2023	7.50%	$10,607 Principal & interest	95,428	98,849
Kelvindell Lodge				
C.M.H.C., due October 1, 2020	5.14%	$37,003 Principal & interest Of which $11,621 is subsidized by SHC. Yielding an effective interest rate of 3.53%. Mortgage renewal date – December 1, 2013.	343,311	362,282
C.M.H.C., due January 1, 2027	8.00%	$41,485 Principal & interest	406,831	415,908
Red Deer Nursing Home				
C.M.H.C., due June 1, 2022	7.25%	$16,938 Principal & interest	151,181	157,089
C.M.H.C., due February 1, 2027	4.42%	$57,305 Principal & interest Of which $36,000 is subsidized by SHC. Yielding an effective interest rate of 1.64%. Mortgage renewal date – March 1, 2017.	736,250	760,646
Pasqua Special Care Home				
C.M.H.C., due August 1, 2025	8.00%	$25,763 Principal & interest	243,859	250,159
Arborfield Special Care Lodge				
C.M.H.C., due September 1, 2021	4.54%	$113,245 Principal & interest Of which $33,189 is subsidized by SHC. Yielding an effective interest rate of 3.21%. Mortgage renewal date – February 1, 2015.	1,144,061	1,204,244

5. Mortgages Payable – continued

Pineview Lodge				
C.M.H.C., due August 1, 2019	6.875%	$21,014 Principal & interest	$ 166,728	$ 176,092
C.M.H.C., due January 1, 2017	4.17%	$66,772 Principal & interest Of which $13,827 is subsidized by SHC. Yielding an effective interest rate of 3.31%. Mortgage renewal date – October 1, 2015.	493,399	538,698
C.M.H.C., due April 1, 2025	4.17%	$143,174 Principal & interest Of which $96,000 is subsidized by SHC. Yielding an effective interest rate of 1.37%. Mortgage renewal date – October 1, 2015.	1,752,008	1,821,014
Chateau Providence				
C.M.H.C., due October 1, 2026	4.31%	$96,109 Principal & interest Of which $72,000 is subsidized by SHC. Yielding an effective interest rate of 1.08%. Mortgage renewal date – December 1, 2016.	1,231,173	1,273,571
Nirvana Pioneer Villa				
C.M.H.C., due September 1, 2025	8.00%	$50,382 Principal & interest	477,947	490,187
			9,523,618	9,939,924
Less: Current portion			432,188	408,713
			$9,091,430	$9,531,210

Saskatchewan Housing Corporation (SHC) may provide a mortgage subsidy for supportive care homes financed by Canada Mortgage and Housing Corporation (CMHC). The subsidy may change when the mortgage renewal occurs.

For each of the mortgages, the RHA has pledged the related buildings of the special care homes as security.

5. Mortgages Payable – continued

Principal repayments required in each of the next five years are estimated as follows:

2009	432,188
2010	453,408
2011	475,724
2012	498,127
2013	523,827
2014 and subsequent	7,140,344
	$9,523,618

6. Deferred Revenue

	Balance Beginning Of Year	Less Amount Recognized	Add Amount Received	Balance End Of Year
Sask Health Initiatives				
Primary Care	$ -	$ (217,082)	$ 223,600	$ 6,518
Carrot River One Time Max	4,153	(3,185)	-	968
Primary Care Pharmacist Services	-	-	80,000	80,000
Nipawin Project Annual Funding	95,555	(225,673)	178,900	48,782
Nipawin Project One Time Max	60,443	-	-	60,443
Porcupine Primary Care One Time	6,271	(510)	-	5,761
Porcupine Primary Care	3,449	(93,516)	93,900	3,833
Provincial Diabetes	47,051	(74,152)	47,500	20,399
Nursing Education	-	-	27,020	27,020
Safety Training Initiatives	-	-	42,538	42,538
Retention Grant	-	-	7,000	7,000
Active Workplace Initiative	-	-	70,000	70,000
Mentorship	-	-	10,150	10,150
Community Supports	-	-	78,000	78,000
Training Workshop - Autism	-	-	59,051	59,051
Mental Health Children	-	(68,398)	105,754	37,357
Facility Audits	80,000	(80,000)	-	-
Project Hope	6,279	(76,279)	70,000	-
HIPA	7,367	(7,367)	-	-
MDS Home Care Project	75,000	-	-	75,000
Provincial Development Funding	23,384	(15,932)	32,035	39,487
Quality Health Workplace	-	(3,985)	32,035	28,050
Aboriginal Funding	12,035	(13,352)	12,060	10,743
Therapies Funding	-	(66,031)	74,000	7,969
CH Aboriginal Health	-	(6,000)	10,000	4,000
Education Co-ordinator	-	(12,515)	84,927	72,412
Safety Strategy	-	(17,311)	65,000	47,689
Secure Care Youth Detoxification	33,000	(43,115)	101,000	90,885
Total Sask Health	**$ 453,987**	**$ (1,024,403)**	**$ 1,504,470**	**$ 934,054**

Deferred Revenue – continued

Non Sask Health Initiatives				
Kids First Targeted	$ 90,127	$ (475,049)	$ 483,707	$ 98,785
Kids First Non Targeted	1,423	(69,423)	68,000	-
ABI	30,765	(52,394)	28,963	7,334
Aboriginal Funding	10,000	(5,000)	-	5,000
Total Non Sask Health	**$ 132,315**	**$ (601,866)**	**$ 580,670**	**$ 111,119**
Total Deferred Revenue	**$ 586,302**	**$ (1,626,269)**	**$ 2,085,140**	**$ 1,045,173**

7. Net Change in Non-cash Working Capital

	Operating Fund		Restricted Funds			
	2008	2007	Capital Fund	Community Trust Fund	Total 2008	Total 2007
(Increase) Decrease in accounts receivable	$55,615	$2,219,638	$263,721	$ -	$263,721	($488,926)
(Increase) Decrease in inventory	(19,178)	(42,346)	-	-	-	-
(Increase) Decrease in prepaid expenses	282,784	(417,880)	-	-	-	-
Increase (Decrease) in accounts payable	(83,262)	2,780,444	(389,416)	-	(389,416)	544,719
Increase (Decrease) in accrued salaries	288,221	(3,992,202)	-	-	-	-
Increase (Decrease) in vacation payable	152,045	240,809	-	-	-	-
Increase (Decrease) in deferred revenue	458,871	201,123	-	-	-	-
	$1,135,096	$989,586	($125,695)	$0	($125,695)	$55,793

8. Patient and Resident Trust Accounts

The RHA administers funds held in trust for patients and residents using the RHA's facilities. The funds are held in separate accounts for the patients or residents at each facility. The total cash held in
trust as at March 31, 2008 was $61,372 (2007 - $47,065). The cash and equivalent trust liability are not reflected in these financial statements.

9. Related Parties

These financial statements include transactions with related parties. The RHA is related to all Saskatchewan Crown Agencies such as ministries, corporations, boards, and commissions under the common control of the Government of Saskatchewan. The RHA is also related to non-Crown enterprises that the Government jointly controls or significantly influences. In addition, the RHA is related to other non-Government organizations by virtue of its economic interest in these organizations.

a) Related Party Transactions

Transactions with these related parties are in the normal course of operations. Amounts due to or from and the recorded amounts of transactions resulting from these transactions are included in

the financial statements and the table below. They are recorded at the standard rates charged by those organizations and are settled on normal trade terms.

	2008	2007
Revenues		
Ministry of Health	$ 79,564,167	$ 74,281,615
Ministry of Learning	551,707	535,028
Ministry of Justice	70,000	70,000
Health Quality Council	59,200	61,773
Sask Housing Corporation	344,102	335,607
	$ 80,589,176	$ 75,284,023
Expenditures		
Sask Energy Corporation	$ 1,157,494	$ 988,241
Sask Housing	11,270	56,126
Sask Power Corporation	1,023,506	1,022,901
Ministry of Government Services	565,758	525,076
Sask Tel	462,421	544,663
Sask Workers Compensation Board	1,044,820	1,147,109
SAHO	8,979,140	8,391,112
SGI	214,846	212,759
	$ 13,459,257	$ 12,887,987
Accounts Receivable		
Ministry of Health	$ 162,691	$ 666,184
	$ 162,691	$ 666,184
Prepaid Expenditures		
Workers Compensation	$ 242,746	$ 206,114
	$ 242,746	$ 206,114
Accounts Payable		
	$ -	$ -
	$ -	$ -

In addition, the RHA pays Provincial Sales Tax to the Saskatchewan Ministry of Finance on all its taxable purchases. Taxes paid are recorded as part of the cost of those purchases.

b) Health Care Organizations

i) Community Based Organizations and Third Parties

The RHA has also entered into agreements with CBOs and Third Parties to provide health services.

9. Related Parties - continued

These organizations receive operating funding from the RHA on a monthly basis in accordance with budget amounts approved annually. During the year, the RHA provided the following amounts to CBOs and Third Parties:

	2008	2007
Hudson Bay & District Assessment and Resource Service	$ 227	$ 39,952
Pine Island Outpatient Centre	-	115,366
Nipawin Oasis Community Centre Co-operative Ltd.	46,203	4,364
Kelvington Ambulance Care Ltd.	363,580	322,728
Tisdale Ambulance Care Ltd.	408,542	363,248
Shamrock Ambulance Care Ltd.	192,237	174,030
North East EMS	825,149	725,869
Melfort Ambulance Service	400,818	359,080
Quill Plains Ambulance Care Ltd.	75,065	74,827
	$ 2,311,821	$ 2,179,464

ii) Fund Raising Foundations

Fund raising efforts are undertaken through non-profit business corporations known as the Nipawin Region Health Foundation Inc. and North Central Health Care Foundation Inc. The Kelsey Trail Regional Health Authority has an economic interest in the Foundations. In accordance with donor-imposed restrictions, $165,162 (2007 - $162,762) of the foundations' net assets must be used to purchase specialized equipment or services. The Nipawin Region Health Foundation Inc. total expenses include contributions of $567,642 (2007 - $220,324) to the RHA. The North Central Health Care Foundation Inc. total expenses include contributions of $324,782 (2007 - $27,192) to the RHA.

10. Comparative Information

Certain 2006-07 balances have been reclassified to conform to the current year's presentation.

11. Pension Plan

Employees of the RHA participate in one of the following pension plans:

1. Saskatchewan Healthcare Employees' Pension Plan (SHEPP) - This is jointly governed by a board of eight trustees. Four of the trustees are appointed by the Saskatchewan Association of Health Organizations (SAHO) (a related party) and four of the trustees are appointed by Saskatchewan's health care unions (CUPE, SUN, SEIU, SGEU, RWDSU, and HSAS). SHEPP is a multi-employer defined benefit plan, which came into effect December 31, 2002. (Prior to December 31, 2002, this plan was formerly the SAHO Retirement Plan and governed by the SAHO Board of Directors).

2. Public Service Superannuation Plan (a related party) - This is also a defined benefit plan and is the responsibility of the Province of Saskatchewan.

3. Public Employees' Pension Plan (a related party) - This is a defined contribution plan and is the responsibility of the Province of Saskatchewan.

The RHA's obligation to these plans is limited to making required contributions for its participating employees for current service. Pension expense for the year amounted to $3,311,254 (2007 - $3,234,556) and is included in benefits in Schedule 1.

Effective January 1, 2008, contribution rates are as follows:

6.552% (2007 – 6.552%) of pensionable earnings up to the yearly maximum pensionable earnings (CPP) plus
8.232% (2007 – 8.232%) of pensionable earnings above the yearly maximum pensionable earnings (CPP)

12. Budget

The RHA Board approved the 2007-2008 budget plan on June 6, 2007.

13. Financial Instruments

a) Significant terms and conditions

There are no significant terms and conditions related to financial instruments classified as current assets or current liabilities that may affect the amount, timing, and certainty of future cash flows. Significant terms and conditions for the other financial instruments are disclosed separately in these financial statements.

b) Credit risk

The RHA is exposed to credit risk from the potential non-payment of accounts receivable. The majority of the RHA's receivables are from Saskatchewan Health - General Revenue Fund, Saskatchewan Workers' Compensation Board, health insurance companies or other Provinces. Therefore, the credit risk is minimal.

c) Fair value

The following methods and assumptions were used to estimate the fair value of each class of financial instrument:

- The carrying amounts of these financial instruments approximate fair value due to their immediate or short-term nature.

  Cash and short-term investments
  Accounts receivable
  Accounts payable
  Accrued salaries and vacation payable

- For investments, the fair value is considered to approximate quoted market values.

- The fair value of mortgages payable before the repayment required within one year is $9,787,361 (2007 - $10,232,436) and is determined using discounted cash flow analysis based on current incremental borrowing rates for similar borrowing arrangements.

d) Short-term Borrowing/Operating Line-of-credit

The RHA has a line-of-credit of $1,000,000 (2007 - $1,000,000) with a floating rate of interest charged at Prime minus .50% which is re-negotiated annually. The line-of-credit is secured by accounts receivable including all grants, revenues and any other forms or sources of payments from the Province of Saskatchewan and any other funding bodies. Total interest paid on the line-of-credit in 2008 was $0 (2007 - $0).

e) The RHA classifies its financial instruments into one of the following categories: held-for-trading, loans and receivables, or other liabilities.

All financial instruments are measured a fair value upon initial recognition. The fair value of a financial instrument is the amount at which the financial instrument could be exchanged in an arm's-length-transaction between knowledgeable and willing parties under no compulsion to act.

Cash is classified as held-for-trading. Accounts receivable are classified as loans and receivables. The carrying value approximates fair value due to the short-term nature of these instruments.

Investments are classified as held-for-trading assets and recorded at fair value. Transactions costs related to held-for-trading financial assets are expensed as incurred. The change in the fair value of the investments is recognized in net income.

Bank indebtedness is classified as held-for-trading. The carrying value approximates fair value due to the short-term nature of the instrument. Accounts payable, accrued salaries and vacation payable are classified as other liabilities. The carrying value approximates fair value due to the short-term nature of these instruments.

Mortgages payable are classified as other liabilities and recorded at amortized cost. The related debt premium or discount and issue costs are included in the carrying value of the long term debt and are amortized into interest expense using the effective interest rate method.

The RHA selected January 1, 2003 as the transition date for the identification and recognition of embedded derivatives. Accordingly, only contracts or financial instruments entered into or modified after the transition date were reviewed for embedded derivatives. As at March 31, 2008, the RHA does not have any outstanding contracts or financial instruments with embedded derivatives.

14. Interfund Transfers

Each year the RHA transfers amounts between its funds for various purposes. These include funding capital asset purchases, and reassigning fund balances to support certain activities.

	2008			2007		
	Operating Fund	Capital Fund	Community Trust Fund	Operating Fund	Capital Fund	Community Trust Fund
Building renovations	$ -	$ -	$ -	$ -	$ -	$ -
Capital asset purchases	(89,520)	505,617	(416,097)	-	212,632	(212,632)
SHC reserves	(90,898)	90,898	-	(90,898)	90,898	-
Mortgage payments	23,305	(23,305)	-	4,120	(4,120)	-
Other	-	-	-	(55)	55	-
	$ (157,113)	$ 573,210	$ (416,097)	$ (86,833)	$ 299,465	$ (212,632)

15. Volunteer Services

The operations of the RHA utilize services of many volunteers. Because of the difficulty in determining the fair market value of these donated services, the value of these donated services is not recognized in the financial statements.

16. Community Generated Funds

Under the terms of the pre-amalgamation agreement, the RHA has agreed to hold community-generated assets in trust. The Board established a separate fund for the assets of each trust. Health corporations formerly held these assets before amalgamating with the Board. The assets are interest bearing with the interest credited to the trust balance. The Board presently administers $3,289,163 (2007 - $3,016,772) under these agreements. The assets are joint property of the RHA and the community, therefore they are included as part of the assets of the Board.

Following is the status of the trust funds at March 31, 2008:

Each trust fund has a "Trust Advisory Committee" which is appointed by the various towns, villages, hamlets, and rural municipalities served by the pre-amalgamation agency. The trust funds are for the benefit of the residents of the various municipalities and shall be used for health related purposes. Jointly, the RHA Board and the Trust Advisory Committee have the power to establish rules and procedures. The joint approval of both the RHA Board and the Trust Advisory Committee is required with respect to any use of the trust fund.

17. Guarantee

The RHA has provided a $100,000.00 guarantee to a financial institution for certain loans granted to North Sask Laundry and Support Services Ltd.

Kelsey Trail Regional Health Authority is one of four shareholders of North Sask Laundry and Support Services Ltd. North Sask Laundry and Support Services Ltd. supplies laundry

services to its owners for a fee that is intended to insure the Laundry has sufficient cash flows to operate effectively. The Laundry is incorporated under the Saskatchewan Business Corporations Act and is treated as a not for profit company for tax purposes.

18. Joint Job Evaluation Reconsiderations

The joint job evaluation/pay equity initiative for the service provider unions CUPE, SEIU, and SGEU allowed for an appeal process. As a result, employees and employers have filed appeals, the Reconsideration Committee completed recommendations on these appeals, and major disputes were heard before the JJE Dispute Resolution Tribunal (Tribunal). There still remains a number of individual "outstanding bundling issues" that consist of recommendations by the Reconsideration Committee that were not agreed to by the Steering Committee. Outcomes of the Tribunal resulted in further "bundling issues" regarding additional classifications created and revised duties of existing classifications. A process to deal with these additional "bundling issues" is being negotiated between respective unions and SAHO, and is expected to extend well into 2008.

A financial obligation to pay reconsideration costs occurs once the Steering Committee and the Reconsideration Committee reach a consensus decision. The results of outstanding bundling issues are currently unknown. The costs of these cannot be reasonably determined at this time.

19. Change in Accounting Policy

Effective April 1, 2007, the RHA adopted the new CICA handbook Section 3855 – Financial Instruments – Recognition and Measurement, Section 3862 – Financial Instruments – Presentation and Section 3863 – Financial Instrument Disclosure.

Upon the adoption of the new standards, the impact of applying this change in accounting policy prospectively, effective April 1, 2007, to recognize fair value adjustments on financial instruments held-for-trading was no change.

KELSEY TRAIL REGIONAL HEALTH AUTHORITY
SCHEDULE OF EXPENSES BY OBJECT
For the Year Ended March 31, 2008

Schedule 1

	Budget 2008 (Note 12)	Actual 2008	Actual 2007 (Note 10)
Operating:			
Board costs	$ 102,635	$ 76,086	$ 102,655
Compensation - Benefits	10,591,906	10,067,771	9,694,210
Compensation - Salaries	55,482,906	56,879,831	52,659,411
Diagnostic imaging supplies	112,300	122,712	107,734
Drugs	647,581	580,668	598,204
Food	1,551,957	1,531,701	1,483,011
Grants to ambulance services	2,037,004	2,225,803	1,980,153
Grants to third parties	-	2,910	-
Housekeeping and laundry supplies	219,350	292,862	246,835
Information technology contracts	418,430	355,505	433,660
Insurance	213,940	218,289	206,089
Interest	7,095	7,507	6,430
Laboratory supplies	912,370	1,030,600	910,694
Medical and surgical supplies	1,800,088	1,672,109	1,758,015
Medical remuneration and benefits	4,638,875	4,579,964	3,176,192
Office supplies and other office costs	349,005	317,526	305,039
Other	1,587,511	1,414,712	1,188,733
Other referred out services	814,150	818,217	785,510
Professional fees	479,665	492,508	539,298
Prosthetics	-	-	-
Purchased services	911,343	602,372	920,536
Rent/lease costs	941,431	1,101,546	875,032
Repairs and maintenance	777,091	628,398	646,975
Service contracts	432,725	378,372	411,211
Travel	953,758	913,133	1,047,137
Utilities	2,271,936	2,323,605	2,268,970
	$ 88,255,053	$ 88,634,707	$ 82,351,734
Restricted:			
Amortization		$ 4,606,918	$ 4,677,408
Loss/(Gain) on disposal of fixed assets		(1,000)	-
Mortgage Interest Expense		480,677	543,372
Other		89,578	33,770
		$ 5,176,174	$ 5,254,550

KELSEY TRAIL REGIONAL HEALTH AUTHORITY
SCHEDULE OF CONSOLIDATED INVESTMENTS
As at March 31, 2008

Schedule 2

	Amount	Maturity	Effective Rate	Coupon Rate
Restricted Investments*				
Cash and Short Term				
Chequing and Savings:				
Cornerstone Credit Union - Tisdale	$ 6,472,632			
Advantage Credit Union	46,494			
Diamond North Credit Union	31,581			
	$ 6,550,707			
Term Deposits:				
	-			
	-			
Total Cash & Short Term Investments	$ 6,550,707			
Long Term				
	-			
Total Long Term Investments	-			
Total Restricted Investments	**$ 6,550,707**			
Unrestricted Investments				
Cash and Short Term				
Cash on Hand	$ 8,520			
Cornerstone Credit Union - Tisdale	5,561,103			
Advantage Credit Union	119,223			
Diamond North Credit Union	499,023			
Cornerstone Credit Union - Rose Valley	9,701			
Hudson Bay Credit Union	14,056			
Porcupine Credit Union	27,680			
Kelvington Credit Union	41,609			
Cornerstone Credit Union - Short Term	232			
Total Cash & Short Term Investments	$ 6,281,147			
Long Term				
Cornerstone Credit Union	$ 1,000,000	3/12/2010	3.75%	
Total Long Term Investments	$ 1,000,000			
Total Unrestricted Investments	**$ 7,281,147**			
Total Investments	**$ 13,831,854**			
Restricted & Unrestricted Totals				
Total Cash & Short Term	$ 12,831,854			
Total Long Term	1,000,000			
Total Investments	**$ 13,831,854**			

* Restricted Investments consist of
- Community generated funds transferred to the RHA and held in the Community Trust Fund (Schedule 3); and
- Replacement reserves maintained under mortgage agreements with Canada Mortgage and Housing Corporation (CMHC) and/or Saskatchewan Housing Corporation (an agency of the Department of Community Resources and Employment) (SHC) held in the Capital Fund (Schedule 4).

KELSEY TRAIL REGIONAL HEALTH AUTHORITY
SCHEDULE OF EXTERNALLY RESTRICTED FUNDS
For the Year Ended March 31, 2008

Schedule 3

COMMUNITY TRUST FUND EQUITY

Trust Name	Balance Beginning of Year	Investment & Other Revenue	Donation	Expenses	Capital Expenses	Balance End of Year
Edith Campbell Bursary	$ 11,170	$ 560	$ 2,500	$ -	$ -	$ 14,230
Hudson Bay Health Care Facility	213,585	9,098	101,600	(4,064)	(110,619)	209,601
Kelvindell Lodge	57,090	2,674	31,046	-	(3,739)	87,041
Kelvington Hospital	101,261	5,348	66,463	-	(58,974)	114,099
Margaret Aikenhead Bursary	1,369	22	-	(1,000)	-	392
New Market Manor	350,032	15,839	1,053	-	-	366,924
Pam Worley Bursary	1,269	70	-	(100)	-	1,239
Community Services	228,432	10,163	135	-	(25,288)	213,441
Porcupine Plain Hospital	158,860	8,355	108,229	-	(58,109)	217,334
Ralston Medical Research	644,597	35,058	-	(60,000)	-	619,655
Red Deer Nursing Home	46,094	2,022	2,475	-	-	50,591
Rose Valley Health Centre	80,889	3,650	-	(589)	-	83,950
Sasko Park Lodge	119,924	5,493	5,645	(82)	(2,650)	128,330
Tisdale Hospital	930,418	61,396	233,772	-	(156,717)	968,868
Tisdale Hospital - Dialysis Unit	171,780	8,253	33,436	-	-	213,468
Total Community Trust Fund	**$ 3,016,771**	**$ 168,001**	**$ 586,323**	**$ (65,835)**	**$ (416,097)**	**$ 3,289,163**

CAPITAL FUND

	Balance Beginning of Year	Investment & Other Income	Capital Grant Funding	Expenses	Transfer to Investment in Capital Asset Fund Balance	Balance End of Year
SHC						
	$ -	$ -	$ -	$ -	$ -	$ -
Total SHC	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**
OTHER						
Cumberland House Health Center	$ 155,181	$ 194	$ -	$ -	$ -	$ 155,675
Hudson Bay Project	309,813		307,791	-	(617,604)	
Other	51,791	907,046	-	-	(758,023)	200,814
Parkland Project	64,508	2,947	-	-	(20,961)	46,494
Safer Workplace Patient Care Project	17,221		-	-	(17,221)	
Sask Health - Block Funding	11,741		265,000	-	(93,091)	183,650
Sask Health - Capital Equipment	128,079		460,000	-	(485,187)	42,892
Sask Health - Radiology Equipment	237,833		347,577	-	(381,672)	203,738
Sask Health - Safety	-	-	650,407	-	-	650,407
Sask Health - Surgical	-	-	117,500	-	-	117,500
Total Other	$ 975,970	$ 910,187	$ 2,083,275	$ -	$ (2,368,762)	$ 1,600,670
Total Capital Fund	$ 975,970	$ 910,187	$ 2,083,275	$ -	$ (2,368,762)	$ 1,600,670
TOTAL EXTERNALLY RESTRICTED FUNDS	**$ 3,992,741**	**$ 1,078,188**	**$ 2,669,598**	**$ (65,835)**	**$ (2,784,859)**	**$ 4,889,833**

KELSEY TRAIL REGIONAL HEALTH AUTHORITY
SCHEDULE OF INTERNALLY RESTRICTED FUND BALANCES
For the Year Ended March 31, 2008

Schedule 4

	Balance, beginning of year	Investment income allocated	Annual allocation from unrestricted fund	Transfer to unrestricted fund (expenses)	Capital Expenses	Balance, end of year
Capital						
SHC Replacement Reserves						
Arborfield Special Care Home	$ 176,559	$ 8,069	$ -	$ -	$ -	$ 184,628
Chateau Providence	220,266	11,407	-	-	(9,295)	$ 222,378
Hudson Bay Health Care Facility	48,838	976	5,080	-	(29,155)	$ 25,739
Kelvindell Lodge	72,647	3,200	8,043	-	(13,487)	$ 70,403
Newmarket Manor	157,545	7,201	18,000	-	-	$ 182,746
Nirvana Pioneer Villa	174,131	7,959	-	-	(5,187)	$ 176,903
Pasquia Special Care Home	25,502	1,166	5,800	-	-	$ 32,468
Pineview Lodge	86,131	3,392	11,254	-	(30,068)	$ 70,709
Red Deer Nursing Home	110,519	5,036	-	-	(6,050)	$ 109,505
Sasko Park Lodge	9,929	454	4,320	-	-	$ 14,703
Total SHC	$ 1,082,067	$ 48,860	$ 52,497	$ -	$ (93,242)	$ 1,090,182
Other Internally Restricted Funds						
Activities-Arborfield Special Care Home	8,153	14,341	-	(13,682)	-	8,812
Activities-Carrot River	13,277	5,927	-	(5,542)	(4,377)	9,285
Ambulances	203,752	9,312	30,000	-	-	243,064
Capital	120,063	61,675	89,520	-	(205,940)	65,318
Carrot River Furnishing Fund	9,873	446	-	-	-	10,319
Cumberland House Home Care	-	25,512	-	-	-	25,512
Newmarket Manor - Construction	223,433	10,110	-	-	-	233,543
Palliative Home Care	6,014	250	-	-	(3,099)	3,165
Parkland	229,151	13,653	-	-	-	242,804
Rose Valley Health Centre	46,658	2,043	8,111	(4,519)	-	52,293
Tisdale Joint Use Facility	3,057	138	290	-	-	3,485
Total Capital	$ 1,945,498	$ 192,267	$ 180,418	$ (23,743)	$ (306,658)	$ 1,987,782
Operating						
Other Internally Restricted Funds						
	$ -	$ -	$ -	$ -	$ -	$ -
						-
Total Operating	$ -	$ -	$ -	$ -	$ -	$ -
Total Internally Restricted Funds	$ 1,945,498	$ 192,267	$ 180,418	$ (23,743)	$ (306,658)	$ 1,987,782

KELSEY TRAIL REGIONAL HEALTH AUTHORITY
CONSOLIDATED SCHEDULES OF
BOARD MEMBER REMUNERATION
for the year ended March 31, 2008

Schedule 5(a)

RHA MEMBERS	RETAINER	PER DIEM	TRAVEL TIME EXPENSES	TRAVEL AND SUSTENANCE EXPENSES	OTHER EXPENSES	CPP	2008 TOTAL	2007 TOTAL
Chairperson								
Carol Hayward	$ 9,960	$ 6,600	$ 1,950	$ -	$ -	$ 753	$ 19,263	$ 26,393
Board Member								
Dale Link	-	4,875	2,033	-	-	161	7,069	10,099
Robert R. Cheechoo	-	4,600	4,782	-	-	168	9,550	7,985
Minnie Deutsch	-	2,863	509	-	-	-	3,371	5,799
Steve Rudy	-	3,650	1,923	-	-	-	5,573	9,165
Marion L. Heavin	-	2,988	675	-	-	-	3,662	4,706
Lana Thompson	-	1,450	497	-	-	45	1,992	3,802
Kathleen Bedard	-	2,943	1,137	-	-	89	4,168	7,107
Carla Hipkins	-	3,163	1,407	-	-	103	4,673	5,249
Darrel Guy	-	6,588	4,769	-	-	-	11,356	14,816
Don DeMarsh	-	1,520	50	-	-	29	1,599	4,042
Cathy Ryan	-	2,573	1,163	-	-	74	3,809	4,889
TOTAL	$ 9,960	$ 43,810	$ 20,894	$ -	$ -	$ 1,422	$ 76,086	$ 104,053

SENIOR MANAGEMENT SALARIES, BENEFITS, ALLOWANCES, AND SEVERANCE

For the Year Ended March 31, 2008

Schedule 5 (b)

	2008					2007		
Senior Employees	**Salaries**[1]	**Benefits and Allowances**[2]	**Sub-total**	**Severance Amount**	**Total**	**Salaries, Benefits & Allowances**[1,2]	**Severance**	**Total**
Glen Kozak, CEO[3]	$ 161,590	$ 3,469	$ 165,059	$ -	$ 165,059	$ 79,715	$ -	$ 79,715
Senior Positions:								
Dave McKay[4] VP Institutional & Emergency Care	124,481	66	124,547	-	124,547	114,008	-	114,008
Shane Sherstone[4] VP Finance & Information Services	124,481	66	124,547	-	124,547	114,008	-	114,008
John Cleaveley[4] VP Community & Primary Health Care	124,481	66	124,547	-	124,547	114,008	-	114,008
Bernie Harper[4] VP Operations Support	127,709	66	127,775	-	127,775	110,781	-	110,781
Joe Bytensky VP Human Resources	124,481	66	124,547	-	124,547	114,008	-	114,008
Dr. Faisal Hapa[5] VP Medical Services & Chief of Staff	-	-	-	-	-	18,236	-	18,236
Dr. Jon Mar[6] VP Medical Services & Chief of Staff	120,000	1,800	121,800	-	121,800	100,000	-	100,000
Total	$ 907,223	$ 5,599	$ 912,822	$ -	$ 912,822	$ 764,765	$ -	$ 764,765

1. Salaries include regular base pay, overtime, honoraria, sick leave, vacation leave, and merit or performance pay, lumpsum payments, and any other direct cash remuneration.
2. Benefits and Allowances include the employer's share of amounts paid for the employees' benefits and allowances that are taxable to the employee. This includes taxable, professional development, education for personal interest, non accountable reimbursements.
3. Commenced position September 1, 2006.
4. Commenced position June 1, 2006.
5. Resigned May 12, 2006.
6. Does not include accrued vacation payout.

Appendix

For further information relevant to the Kelsey Trail Health Region, visit the following websites:

Statistics Canada 2006 Community Profiles
http://www12.statcan.ca/english/census06/data/profiles/community/Index.cfm?Lang=E

Statistics Canada Health Indicators
http://www.statcan.ca/bsolc/english/bsolc?catno=82-221-X

Health – Government of Saskatchewan
http://www.health.gov.sk.ca/

Government of Saskatchewan – 2007 Covered Population
http://www.health.gov.sk.ca/adx/aspx/adxGetMedia.aspx?DocID=1732,94,88,Documents&MediaID=1130&Filename=covered-population-2007.pdf

Saskatchewan Population Projections 2006-2021
http://www.publications.gov.sk.ca/details.cfm?p=12067&cl=2

Indigenous Peoples' Health Research Centre
Report on Indigenous Health in Saskatchewan 2006
http://www.iphrc.ca/resources/Miyo-Mahcihowin.pdf

Health Quality Council
http://www.hqc.sk.ca/portal.jsp?Tnpy1RKzAkMsCVz+LX1gQTBIzBf0QfLQkUwK4QBZaJs5RT805SdC1XSH912gS4yEVW8jm2GLDO4=

2006-07 Cumberland College Northeast Regional Needs Assessment
http://www.cumberlandcollege.sk.ca/docs/2006-07%20RNA.pdf

Northeast Understanding the Early Years - The Early Years Partnership
http://earlyyears.nesd.ca/

North East School Division
http://www.nesd.ca/

Kelsey Trail Health Region 2007-2011 Strategic Directions
http://www.kelseytrailhealth.ca/Publications/KTHRPlans/Plans/KTHR%20Strategic%20Directions%202007-2011.pdf

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Healthy People in Healthy Communities